

**The Village of University Park
Parks and Recreation Department Registration Form**

698 Burnham Drive, University Park, Illinois 60484

Phone: (708) 534-6456 Fax: (708) 534-4822

Separate households require separate registration forms.

***Please indicate** if a registrant has any dietary needs or requires any special accommodation or assistance for enjoyment of programs. Allow two weeks notice for accommodation. _____

YOU ARE REGISTERED UNLESS NOTIFIED OTHERWISE.

Part 1 Primary Contact and Participant Information (University Park Residency verification required)

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone #: _____ Alternate Phone #: _____

Email: _____ *Check here if you are a Resident.*

| Participant's Name | Date of Birth (MM/DD/YY) | Gender | Program Name | Size | Fee |
|--------------------|-----------------------------|--------|--------------|------|-----|
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| | | | | | \$ |
| | | | | | \$ |

Part 2 Payment Information

Credit Card (Complete if paying by credit card) VISA MASTERCARD Payment Amount: \$ _____

Credit Card #: _____ Expiration Date: _____ / _____

Name of Cardholder: _____ Authorized Signature: _____
Must have signature to be processed

MY CHECK IS ENCLOSED. Please make checks payable to the Village of University Park. A \$35 fee will be charged for all returned checks.

Part 3 Sign the Registration Waiver & Return to the Parks and Recreation Department

I have read the attached program waiver and understand that my signature is required in order to participate in any program.

Participant/Parent/Guardian Signature _____

Date _____

Signature MUST be included for Registration Form to be processed

FOR OFFICE USE ONLY:

Receipt # _____ Amount Paid _____ Date _____ Staff: _____

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware in registering yourself or your minor child(ren)/ward(s) for participation in the Village of University Park – Parks and Recreation Department (“Village”) program(s) – you will be waiving and releasing all claims for injuries you or your minor child(ren)/ward(s) might sustain arising out of your participation in the program(s) you have registered for.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child(ren)/ward(s) may sustain as a result of participating in any and all activities connected with or associated with such program(s). I agree to waive and relinquish all claims my minor child(ren)/ward(s), or I may have as a result of participating in the program against the Village and its officers, agents, servants and employees.

The Village does not carry accident or hospitalization insurance on any program participant. It is recommended that participants review their own personal insurance policy for adequate coverage during all program activities. I do hereby fully release and discharge the Village and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my minor child(ren)/ward(s) may have or which may accrue to me or my minor child(ren)/ward(s) and arising out of, connected with, or in any way associated with the activities of the program(s), (including transportation services and vehicle operations, when provided).

I further agree to indemnify and hold harmless and defend the Village and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child(ren)/ward(s) arising out of, connected with, or in any way associated with the activities of the program(s). In the event of any emergency, I authorize Village officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child(ren)’s/ward(s)’s immediate care and agree that I will be responsible for payment of any/all medical services rendered.

As a participant in a program or activity of the Village (or as the parent or guardian of a participant), I hereby grant the Village permission to use my or my child(ren)’s/ward(s)’s image, video form, or voice in photographs, videotapes, internet website or other materials prepared or released by the Village from time to time, for promotional, safety or instructional purposes. I understand that such materials will be used and shown in whole or in part as the Village sees fit. By this permission and release, I hereby release and discharge the Village, its officers, employees and agents from any and all claims or actions resulting from the use of such materials by the Village.

When registering by fax or online at the Village, it is mutually understood that the facsimile registration document (including the Waiver and Release of All Claims) shall substitute for and have the same legal effect as the original form.

I have read and fully understand the program details, Waiver and Release of All Claims and Permission to Secure Treatment.

Participant Name (Print)

Date

Parent/Legal Guardian (Signature)

Date