

Park District of La Grange Registration Form

536 East Avenue, La Grange, IL 60525 • Phone 708-352-1762 • Fax 708-352-8591 • www.pdlg.org



Family Last Name: _____ Email: _____ Your email will not be sold. For PDLG use only.

Address: _____ City: _____ Zip: _____

Home Phone: _____ Emergency Phone: _____ Work Phone: _____

How did you hear about us? Brochure Website Flyers Email Blast Friend/relative **Refunds must be requested no less than 5 days prior to the first class date**

Participant (First & Last Name)	Sex	Birth Date	Program Name	Start Date	Program Code	Office Use Only		Fee

Assessment fee charged once per season, per family, for registrations \$20 and over

\$5.00

Waiver and Release of All Claims

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the above program/programs you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of the above program/programs including transportation services and vehicle operations, when provided. 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/ward 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 I or my minor child/ward may have as a result of participating in the program(s) against the District and its officers, agents, servants and employees. I do hereby fully release and discharge the District and its officers, agents, servants and employees from any and all claims from injuries, damages or loss which I or my minor child/ward may have or which may occur to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s). I further agree to indemnify and hold harmless and defend the District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages or losses sustained by me or my minor child/ward 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 District officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward immediate care and agree that I will be responsible for payment of any and all medical services rendered. I have read and fully understand the above Program Details, Waiver and Release of All claims and Permission to secure treatment. If registering online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Checks payable to: Park District of La Grange TOTAL

Cash Check # _____ Registrar _____

Visa MasterCard Discover Expiration _____

Credit Card Number _____

Do you need any accommodations, in accordance with the Americans with Disabilities Act, to effectively participate in the above program(s)?

Yes No

Registration accepted by mail or in person at 536 East Avenue, La Grange, IL 60525

Signature of Participant 18 yrs. & older or Parent/Guardian

Date