

# PARK DISTRICT OF LA GRANGE REGISTRATION FORM

536 East Avenue ~ La Grange, IL 60525 ~ Phone: (708) 352-1762 ~ Fax: (708) 352-8591

Family Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Refunds must be requested no less than 5 business days prior to the first class.

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

Assessment Fee charged once per season, per family, for registrations \$20 and over. \$5.00

Do you need any accommodations, in accordance with the Americans with Disabilities Act, to effectively participate in the activity above?

YES  NO

**Payable to: Park District of La Grange**

Check # \_\_\_\_\_ Registrar: \_\_\_\_\_ Total \$

Cash     Visa     Mastercard    Expires: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

**WAIVER AND RELEASE OF ALL CLAIMS.**

Please read this form carefully and be aware 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.

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 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, damage or loss which I or my minor child/ward may have or which may accrue 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 and 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 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.

Registration will be accepted by mail or in person at 4903 South Gilbert Avenue, La Grange, IL. 60525.

\_\_\_\_\_  
(Signature of Participant or Parent/Guardian)

\_\_\_\_\_  
Date