

## **Program Registration Form**

Primary Household Contact (Last)						(First)									
Address						City/State Zip									
Home Phone						Cell Phone									
Please check if y	ou need special accommodations to	participate in this p	rogram	Emo	ail										
Program Co	de Program Title	Total Fee Due	3		Age	Birth Date	Grade		School Attended						
	Total Fees					Fa	x in registrati	on at (8	347) 58	33-08	27.				
METHOD OF PAYMENT: Name: Exp. Date: Exp. Date:															
☐ Check☐ Visa	k ☐ MasterCard Card Number: ☐ Discover														
Remit to: Niles Park District Registration 6676 W. Howard St. Niles, IL 60714		Signature: Amount: Amount: Aself-addressed envelope must be enclosed in order to receive a receipt.													
Please read this for all claims for injurie (including transport I recognize and ack regardless of severi child/ward) as a re I do hereby fully rel and arising out of, of the registering on-line Additionally, by sign that my park district Photos are periodical publications.	ID RELEASE OF ALL CLA  g and releasing all claims for in  m carefully and be aware that in signing s, damages or loss which you or your m ation services/vehicle operation, when in nowledge that there are certain risks of ty, that my minor child/ward or I may s sult of participating in all these program ease and forever discharge the District for connected with, or in any way associate or via fax, your on-line or facsimile sign ing this form, I am certifying that I qual t privileges may be suspended or revoke ally taken of participants in a class, durin y understand the above important, warr	juries you might up and participating inor child/ward migh provided). physical injury to part ustain as a result of s s/activities against th om any and all claim d with these programs auture shall substitute ify for the rate charge d. g a special event or a	in the above it sustain as a ticipants in the aid participathe Niles Park as for injuries, s/activities. If or and have ed (i.e. If res	urising ou e identified p a result of p hese progration. I furth t District, inc , damages, e the same eident rate w t's parks. P	t of this programs/activit articipating in ar ms/activities, ar er agree to waiv luding its official or loss that my vi- legal effect as an vas charged, I ar lease be aware to	gram.  ies, you will be ex by and all activities and I voluntarily agr e and relinquish a s, agents, volunte minor child/ward n original form sig n/my children are that these photos	pressly assuming the sconnected with and ee to assume the full claims I or my miners and employees (or I may have or whinature.	e risk and le l associated I risk of am or child/w here-in afte ich may acc	egal liability with said pr y and all inju rard may hav r collectively rue to me o	and waiv rograms/ uries, dan re (or acc referred r my min	ring and releasing /activities mages or loss, rue to me or my l as "District"). nor child/ward				
<u>PLEASE PRINT F</u>	Participant's Name														
Participant's Sig	nature				(18 years or	older or Paren	(18 years or older or Parent/Guardian) Date								

Participant's Signature (18 years or older of PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.