



# REGISTRATION FORM

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Birthdate (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Email \_\_\_\_\_ Add me to the e-newsletter list  Yes  No

PROGRAM NAME	FEE	REGISTRANT'S FIRST NAME	GRADE	SEX	BIRTHDATE

Make a tax deductible donation to Lisle Partners for Parks Foundation: \$ \_\_\_\_\_

Total Remittance: \$ \_\_\_\_\_

There will be a \$25 service charge assessed for all checks / credit cards returned for non-sufficient funds.

## CREDIT CARD PAYMENT INFORMATION (VISA, MASTERCARD, DISCOVER)

### THIS SECTION MUST BE FILLED OUT IF PAYING WITH VISA, MASTERCARD OR DISCOVER

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_ CVC Code \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount Charged \$ \_\_\_\_\_

Authorized Signature \_\_\_\_\_

### OFFICE USE ONLY

Location # \_\_\_\_\_

Total Received \_\_\_\_\_

Paid By:  D  M  V  C  K  S Initials: \_\_\_\_\_

Do participant(s) require assistance or accommodations to participate in any programs?  YES  NO

If yes, please explain: \_\_\_\_\_

**WARNING OF RISK:** Recreational activities/programs are intended to challenge and engage the physical, mental, and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers, and injuries due to inclement weather, slipping, falling, poor skill level, conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction, or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Lisle Park District to guarantee absolute safety.

**WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK:** Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or that may accrue to me or my child/ward) as a result of participating in this program/activity against the Lisle Park District, including its officers, officials, agents, volunteers and employees, and the Village of Lisle, including its officers, officials, agents, volunteers and employees (hereinafter collectively referred as "Parties").

I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that my minor child/ward or I 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 this program/activity.

**PHOTOGRAPHS:** Photographs and videos are taken of participants to use for promotional purposes. By registering for a program, you have granted us permission to use your image for promotional purposes, unless otherwise stated.

I have read and fully understand the above important information, warning of risk, assumption of risk, and waiver and release of all claims. If registering online or via fax, your online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

(18 years or older or Parent/Guardian)