

Arlington Heights Park District Registration Form - *Please fill out completely.*

Part 1 - Payer's Information

Last Name _____ First Name _____

Home Phone _____ Emergency Phone _____

Street Address _____
(Street Number) (Street Name) (St, Av, Ln)

City _____ State _____ Zip _____

Is this a new address? yes no

Part 2 - Program Registration

Activity Name	Class Code	Fee	Participants Name (Last/First)	Sex	Date of Birth (mm/dd/yy)
Arlington Heights Park Foundation Donation	9 9 8 2 - 0				
1st alt.					
1st alt.					
1st alt.					
1st alt.					
1st alt.					

Total Payment Included \$ _____

Do not send cash. There is a \$20 processing fee for all returned checks.

In accordance with the American with Disabilities Act, does registrant require any special accommodations or assistance for enjoyment of the program? Yes No If yes, please describe: _____

Your suggestions for programs or parks: _____

Part 3 - Payment Options

Cash (in-person only)

Check

Gift Certificate (\$ amount _____)

Credit Card

Visa Master Card Discover

Card Number _____ - _____ - _____ - _____

Expiration Date (mm/yy) _____ / _____

Signature _____

Part 5 - Return Form

Mail in: PO Box 1993, Arlington Heights, IL 60006
 Fax in: 847-506-2735
 Drop off: At Administration Center, Community Centers or Olympic Indoor Swim Center



Part 4 - Please review and sign.

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(s), 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(s) (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program(s), 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 accrue to me or my child/ward) as a result of participating in this program(s) against the Arlington Heights Park District, including its officials, agents, volunteers and employees.

I have read and fully understand the above waiver and release of all claims and assumption of risk. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PARTICIPATION WILL BE DENIED

If the signature of adult participant or parent/guardian and date are not on the waiver.

X

 Participant's Signature Today's Date
 (18 years or older or Parent/Guardian)