

Registration Form

Family Last Name _____
 Street Address _____
 City & Zip Code _____
 Home Phone _____
 Emergency Contact _____
 Relationship of Emergency Contact _____
 Emergency Phone _____
 Mom's Cell Phone /Pager _____

Mom's Work Phone _____
 Mom's Fax Number _____
 Mom's Email Address _____
 Dad's Cell Phone/Pager _____
 Dad's Work Phone _____
 Dad's Fax Number _____
 Dad's Email Address _____

Cash Check Check # _____ Credit Card Visa Mastercard

Please make checks payable to: **Addison Park District.**
 Please mail to: **Addison Park District 1776 W. Centennial Place - Addison, IL 60101 - Fax to: 630-889-1991**

Credit Card # _____ Name (Please print as it appears on card) _____
 Exp. Date _____ _____
 Amount Charged to Card _____ Signature _____

Code	Program Name	Fee	Participant's First & Last Name	Sex	Birthdate

The Addison Park District makes reasonable accommodations in recreation programs to enable persons with disabilities to participate. Please specify below any adaptive equipment, personnel or other accommodations you need to participate in a program for which you registered.

Leisure Program Waiver and Emergency Treatment Consent Form

The Addison Park District, a member of Park District Risk Management Association, is complying with the Association's regulation by including a waiver and release of all claims form, to be signed by a parent or guardian for minors 17 years and under, and adults 18 years and over, residents or non-residents, when participating in park district programs. This regulation is an attempt to hold down insurance costs and assure adequate coverage for the Agencies' programs and services. Please read this form carefully and be aware that in signing up and participating in these programs, you will be waiving and releasing all claims for injuries you or your child might sustain arising out of these programs.

As a participant in the Addison Park District program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which I or my child may sustain as a result of participating in any and all activities connected with or associated with such a program. I agree to waive and relinquish all claims I or my child may have as a result of participating in the program against the Addison Park District and its officers, agents, servants and employees from any and all claims sustained by me or my child arising out of, connected with or in any way associated with the activities of the program. In addition, I also consent to emergency treatment for me or my child should an extreme emergency occur during a program session or on the premises. I agree to waive and relinquish all claims of medical treatment against the Addison Park District and its officers, agents, servants and employees incurred by an emergency treatment received. I recognize that my fax signature will be deemed the same as an original. I have read and fully understand the leisure program waiver and the emergency treatment consent. This waiver form is completed and signed of my own free will. This waiver must be signed by an adult 18 years and older.

 Signature of Parent, Guardian or Adult Participant

 Today's Date