Registration Form

Part 1: Participant Information

Last Name: _____ First Name: _____		Home phone: _____
Address: _____		Work phone: _____
City: _____	Zip code: _____	Cell phone: _____

Part 2: Credit Card Information (Visa, Mastercard and Discover Only)

Credit card number:	Expiration date: _____	Amount: $ _____
Cardholder name (print): _____		
Cardholder signature: _____		

Part 3: Fill in 1st and 2nd choice programs for each participant

	Program code	Program name	Fee	Participant's name	Sex	Birthday: m/d/y
1st choice						/ /
2nd choice						
1st choice						/ /
2nd choice						
1st choice						/ /
2nd choice						
1st choice						/ /
2nd choice						

Describe any accommodation needed for your enjoyment of this program:	TOTAL FEES: $ _____
	Method of Payment: Credit, Cash, Check # _____

Part 4: Sign the registration waiver

WAIVER AND RELEASE – MUST BE SIGNED

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in below program/programs you will be waiving and releasing all claims for injuries you or your 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 such injuries, damages or loss regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims I or my child/ward may have against the Park District and its officers, agents, servants and employees as a result of participation in any of the above program(s). I hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims form injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of the above program(s). I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or my child/ward and arising out, connected with or in any way associated with the activities of any of the program(s).

If your first choice is filled, you will automatically be placed in your second choice program and be subject to regular cancellation policy. If both first and second choice are filled, you will automatically be placed on a waiting list for your first choice. I have read the recreation program waiver and understand that my signature is required on the reverse side in order to participate in Lombard Park District programs. *When registering by fax or e-mail, it is mutually understood that the facsimile registration document (including waiver and release of all claims) shall substitute for and have the same legal effect as the original form.*

I have read the recreation program waiver and understand that my signature us required in order to participate in any program

		/ /
Signature of parent, guardian or adult participant	Print name of parent, guardian or adult participant	Date

Part 5: Where did you hear about this program?

Please check all that apply: ☐ Activity Guide ☐ Newspaper ☐ Web site ☐ E-mail ☐ Word-of-mouth ☐ Other _____

Part 6: Return the registration form to the Lombard Park District

Mail, drop-off or fax: Lombard Park District Attn: Registration, 820 S. Finley Rd., Lombard, IL 60148 Fax to: (630) 620-0762

ONLINE REGISTRATION IS AVAILABLE! VISIT WWW.LOMBARDPARKS.COM TO REGISTER.