DEERFIELD PARK DISTRICT REGISTRATION FORM

Fax: 847-945-0699 | Phone: 847-945-0650
register.deerfieldparks.org
Mail or Drop Off with payment:
836 Jewett Park Drive, Deerfield IL 60015
If faxed, please do not duplicate by mail

Deerfield Park District

☐ We encourage participation by everyone and provide reasonable accommodations in accordance with ADA standards. If you require program assistance for special needs, check the box to be contacted by our NSSRA Inclusion Liaison, Linda Anderson. A diagnosis is not necessary. Linda can also be reached at 847-572-2615 or lindaa@deerfieldparks.org.

Participant's Last Name		Parent's Full Name
Address		
City		Zip (Required)
Home Phone	Cell Phone	Work Phone
Email		
Emergency Contact		Emergency Phone

☐ Deerfield Park Foundation Scholarship Fund Donation
[Donations are voluntary and tax deductible under the laws of the IRS] ☐ $5 ☐ $10 ☐ $15 ☐ $25 ☐ Other _____

Photo Permission: By signing this form you agree that photos may be taken and used of you/your child. Please notify us in writing if you do not want photos to be taken and or used of you or your child.

Activity #	Participant's Name	Current Grade	Birth Date	Gender	Program Name	Amt Paid

Proof of Residency Requirements are on the Registration Information page of our brochure. Total: $

GENERAL WAIVER & RELEASE - IMPORTANT INFORMATION

The Deerfield Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Deerfield Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities. You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way, or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

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. Participants must understand that certain risks, dangers and injuries due to acts of God, inclement weather, slipping, falling, equipment failure, in supervision, premises defects and all other circumstances inherent to recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Deerfield 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, 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. In the event of an emergency, I authorize District officials to secure from any licensed hospital physician, and/or medical personnel any treatment deemed necessary for me or my minor child's immediate care. Participants and parents/guardians of minor participants are solely responsible for any and all expenses associated with emergency medical treatment, including but not limited to, transportation services to the nearest available medical facility/provider or to an alternative medical facility/provider requested by the participant or parent/guardian. 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/activity against the Deerfield Park District, including its officials, agents, volunteers, and employees (hereinafter collectively referred to as "Deerfield Park District"). I do hereby fully release and forever discharge the Deerfield Park District 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, arising out of, connected with, or in any way associated with this program/activity.

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 a minor participant, I further attest that I have read the above to my minor child/ward.

X Sign here _____ Date _____
Participant's Signature (18 years or older or parent/guardian)

PAYMENT INFORMATION

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express ☐ Cash ☐ Check Ch# _____
made payable to Deerfield Park District

Cardholder's Name_____Total Payment $ _____

Cardholder's Signature _____

Credit Card Number | | | | | | | | | | | | | | | | Expiration Date | | | | |