

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

We encourage participation check the box to be contact			ommodations in ac	ccordance with ADA	standards.	If you require program assistance for special need	S,
Participant's Last Name				Parent's Full Name			
Address							
City				Zip (Required)			
Home Phone Co		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 \\$15 \\$25 \text{Other} \text{Other} \text{Other} \text{Other} \text{Other} \text{Other} \text{Other} \text{Other} \text{Other} \text{Other} \text{Other} \text{Other} \text{Other} \text{Other} \text{Other} \text{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 - Sect.	Participant's Fir	st 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 WAIVE The Deerfield Park District is comm manner and holds the safety of pastrives to reduce such risks and it that are designed to protect the pof minors registering for this progrowhen choosing to participate in reif you or your minor child/ward at this agreement. It is always advise or recently suffered an illness, injuphysical activity. Despite careful and proper preparatis still a risk of serious injury when prot all hazards and dangers can be and injuries due to acts of God, incl premises defects and all other circ this regard, it must be recognized absolute safety.	eation programs The Deerfield Pa is follow safety er, participants a te that there is a re solely respo Illed for the activ cipant is pregnan ult a physician b Idvice, conditionin ional activity/pro st understand tha Illing, equipment creational activit	and activities in a sark District continu rules and instruction in parents/guardin in parents/guardin in parents/guardin ities contemplated it, disabled in any wefore undertaking gand equipment, the gram. Understanda t certain risks, dang failure, in supervisies/programs exist	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"). I do hereby fully release and forever discharge				
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)