

PTC - Program Registration Form

Credit Cards accepted by phone or in-person

Make checks payable to the Deerfield Park District

Phone: 847-940-4010

Mail or Drop Off with payment: 375 Elm Street, Deerfield, IL 60015

Name							
Address		City	City				
7		Zip	ip (Required)				
Phone							
Email							
PTC Member			☐ Non-Member				
Activity #	Program Nan		ne	Cost Per Person	Number of Participants	Amt. Paid	
Payment 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, danger 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.					ng in this program/ g and releasing all sustain as a result is program/activity hat there are certain gree to assume the y minor child/ward I authorize District nnel any treatment parents/guardians ed with emergency e nearest available d by the participant nor child/ward may am/activity against loyees (hereinafter d forever discharge hat my minor child/		
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.							
Y Cign have					Data		

Participant's Signature