



PROGRAM REGISTRATION FORM

ADMINISTRATIVE & LEISURE CENTER
 2222 Birch Street • Des Plaines, IL 60018 • P: 847-391-5700 • F: 847-391-5707
 www.DPParks.org

*Household Last Name: _____ *First Name: _____
 *Address: _____ *City: _____ *Zip: _____
 *Home/Cell Phone: _____ Business Phone: _____
 *E-mail Address: _____ *Emergency Phone: _____

**Required*

Has any of the information above changed since your last registration? Yes No

Is this your family's first time registering for a program? Yes No

First time Des Plaines residents: please provide proof of residency. *Residency verified by staff:*

American with Disabilities Act Need Accommodation Yes Name of participant: _____

Nature of disability: _____ Requested accommodation: _____

M-NASR Assistance: All requests for M-NASR assistance in our programs must be made at least two weeks in advance of the program start date. Please note that we may not be able to fulfill requests made with less than two week's notice.

In order to process your registration, we require a signed waiver with payment.

Activity #	Program Name	Time/Day	Participant Name	M/F	Birth Date	Fee	Office

The Park District Scholarship Fund needs your support. We appreciate your donation. \$1 \$5 **Total \$**

Credit Card Payment (Check one): Visa MasterCard Discover The Des Plaines Park District reserves the right to change payment amount to reflect the correct fee.

Account #:

Exp. Date: / **Cardholder Name:** _____ 3-digit CVV is on the back of your card.

mm / yy Print

Authorized Signature: _____

Release & Hold Harmless Waiver
 Please read this form carefully and be aware that in signing up and participating in this program(s), you will be waiving and releasing all claims for injuries you might sustain arising out of this program. As a participant in the program(s), I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of injuries, damages or loss which I may sustain as a result of participating in any and all activities with or associated with such program(s). I agree to waive and relinquish all claims that I may have as a result of participating in the program(s) against the Des Plaines Park District (DPPD) and its officers, agents, servants and employees. I do hereby release and discharge the DPPD and its officers, agents, servants, and employees from any and all claims from injuries, damage, or loss which may accrue to me on account of my participation in the program(s), including transportation services and vehicle operations, when provided. I further agree to indemnify and hold harmless and defend the DPPD and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages, and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program(s). I agree to the terms of the District Photo/Video Policy. I have read and fully understand the above Program Details and Waiver and Release of all Claims. Participant(s) or their legal guardian must sign this Waiver. The District will consider a facsimile signature as original.

Participant(s): _____ **Parent/Guardian, if under 18:** _____
 Signature Signature