



PROGRAM REGISTRATION

DES PLAINES PARK DISTRICT
ADMINISTRATIVE AND LEISURE CENTER
2222 BIRCH STREET DES PLAINES, IL 60018
P: 847.391.5700 F: 847.391.5707 W: dpparks.org

Date: _____

Household Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____ Email: _____

Emergency Contact Name: _____ Emergency Phone: _____

First-time Des Plaines residents: Please provide proof of residency.

Americans with Disabilities Act Modifications Needed:

Name of Participant: _____

Nature of Disability: _____ Requested Reasonable Modification: _____

All requests for ADA modifications in our programs must be made at least 2 weeks in advance of the program start date. Each request will be considered on a case-by-case basis in accordance with A-24 Behavior Management Guidelines. Every attempt to make reasonable modifications will be made. Requests made with less than 2 weeks' notice may not be able to be fulfilled.

Activity Code	Program	Time/Day	Participant	M/F	Birth Date	Fee	Office
The Park District Scholarship Fund needs your support. We appreciate your donation.					\$1 \$5	Total	
						\$ _____	

To process your registration, we require a signed waiver with payment.

The Des Plaines Park District reserves the right to change the payment to reflect the correct fee

Credit Card Number: _____ - _____ - _____ Exp. Date: _____ CVV: _____

Card Holder Name: _____ Authorized Signature: _____

Important Information

The Des Plaines 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 Des Plaines 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 the listed programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

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

Recreational activities are intended to challenge and engage the physical, mental, and emotional resources of each participant. 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. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slip and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities exist. In this regard, it must be recognized that the Des Plaines Park District can't 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 the programs listed, 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 these programs (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, 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. 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 these programs against the Des Plaines Park District, including its officials, agents, volunteers, and employees.

I have read and fully understand the important information, warning of risk, assumption of risk and waiver, and release of all claims. If registering online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PARTICIPATION WILL BE DENIED

If the signature of adult participant or parent/guardian and date are not on this waiver.

Participant Signature: _____ **Date:** _____

Parent/Guardian, if under 18: _____ **Signature:** _____