

Peoria Park District - REGISTRATION FORM - Spring/Summer 2009

1. ADULT PARTICIPANT OR PARENT/GUARDIAN INFORMATION

First and Last Name: _____ Birthdate _____
 Street Address, City, ZIP: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Email: _____

2. TELL US WHAT YOU ARE REGISTERING FOR (Please fill out completely. Attach an additional sheet if necessary)

Class Code	Program Name	Participant's First & Last Name	Sex	Birthdate	Grade & School	Fee
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			
I would like to donate \$_____ to the Scholarship Program to enable disadvantaged youth to participate in programming.						

TOTAL PAYMENT: \$ _____

3. LET US KNOW OF ANY SPECIAL NEEDS

We welcome individuals with disabilities. Please describe any accommodations needed for successful inclusion in the program(s).

4. COMPLETE PAYMENT METHOD

Check Visa Credit Card Number: _____ - _____ - _____
 Cash Master Card Expiration Date: _____
 Discover Authorized Signature: _____

5. PROVIDE SPORTS TEAM/COACHING INFORMATION

PARENTS: Can you serve as a volunteer SOCCER coach? YES / NO
 Head or assistant coach? (Circle one) Your name/phone: _____
We will consider team requests for carpooling purposes. Detail your request on a separate sheet of paper.

6. READ & SIGN THE WAIVER

Please read this form carefully and be aware in registering yourself, your child or ward for participation in this program you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program. As a participant in the program or the parent/guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the Park District and its officers, agents, servants and employees. I do hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward on account of my participation in the program. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program. In case of accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel. I hereby consent to the use of my photograph in Park District brochures, publications, slide presentations, etc. I have read and fully understand the above Program Details and Waiver and Release of All Claims as well as the "Registration Regulations" as listed on the opposing page.



 Signature of Participant or Parent/Guardian Date

7. RETURN

By Mail: Peoria Park District Registration
 2218 N . Prospect Road
 Peoria, IL 61603

By Fax: 686-3384
 (Credit cards only)