REGISTRATION FORM

11500 S. Beloit Ave., Worth, IL 60482
Phone: (708) 448-7080 FAX:(708)448-4079

☐ Resident
☐ Non-Resident
Date _____

Last Name_____ First Name _____

Address_____ City_____ State _____ Zip_____

Home Ph: _____ Cell Ph: _____ Emergency Ph: _____

Email Address_____

Participant's Name	M/F	Grade	Birthdate	Code	Program Name	Fee

** Fill in all appropriate spaces; missing information will delay your registration*

Total_____

Cash Check#_____ Make checks payable to Worth Park District

Credit Card (MC Visa Disc AMEX)

Exp. Date | | | | | | CVC Code

☐ Please check here if you or your child needs any special accommodations to participate in this program; i.e. medication, special needs. A supervisor will contact you one week prior to the program.

T-shirt Size: **Child-** YS YM YL **Adult-** AS AM AL AXL A2XL

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 program/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. I further child/ward as a result of participating in this program/activity) against the Worth Park District, including its officials, agents, volunteers and employees. I do hereby fully release and forever discharge the Worth Park District from any and all claims for injuries, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

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/ward.

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 recreation activity/program. Understandable, not all hazards and dangers can be foreseen. Participants must understand that certain risks, dangers and injuries due to acts of God, inclement weather, slipping, falling, equipment failure, failure of 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 Worth Park District to guarantee absolute safety.

WAIVER/RELEASE OF ALL CLAIMS

The Worth 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 district continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participant's 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 physical before undertaking any physical activity. **PHOTOGRAPH PERMISSION** I give permission for the Worth Park District to use any pictures of myself or child for promotional purposes

SIGN HERE:_____ DATE: _____

Signature of parent, guardian, or adult participant 18 years or older