

REGISTRATION FORM



WOOD DALE PARK DISTRICT
Active Places. Friendly Faces.

For Office Use
Receipt # _____ Total Payment _____ Employee Initial _____

Wood Dale Park District Recreation Complex
111 E. Foster Ave. • Wood Dale, IL • 60191
630.595.9333 • Fax 630.595.9699
www.wdparks.org

Family Last Name _____ Resident Non-Resident

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Emergency Phone _____ Emergency Name _____

Email _____

Code #	Program Name	Fee	Participant's First Name	M/F	Birthdate



Special Accommodations

Special services or accommodations will be provided to participants on an "as needed" basis. Please let us know in advance of your special needs.

Please read this form carefully and be aware that in signing up and participating in this 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 an associated with this program/activity (including transportation services and vehicle operations when provided).

I recognize and acknowledge that there are certain risks of physical injury associated with participating in this program/activity, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that I or my child/ward may sustain as a result of such participation. I fully understand and agree that all exercises including aerobic activities, the use of weights, number of repetitions, and use of any and all machinery, equipment and apparatus designed for exercising shall be at my or my minor child/ward's sole risk.

Notwithstanding any consultation or instruction on exercise programs which may be provided by the Wood Dale Park District, it is hereby understood that the selection of exercise program, methods and types of equipment shall be my or my child/ward's entire responsibility, and that the Wood Dale Park District, including its officials, employees, agents and volunteers (hereinafter collectively "District") shall not be liable for any claims, demands, injuries, damages, or loss to person or property arising out of or in connection with the use of the services and facilities contemplated by this agreement.

I further agree to waive and relinquish all claims I or my child/ward may have or which may accrue to me and/or my child/ward as a result of participation in this program/activity.

I do hereby fully release and forever discharge the District from any and all claims for injuries, damages or loss that I or my child/ward 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 for programs via fax or on-line through the internet, my facsimile or electronic signature shall substitute for and have the same legal effect as an original form signature.

Signature of Adult/Parent/Guardian 18 years old and older Date

Signature of Adult/Parent/Guardian 18 years old and older Date

For mail-in and fax registration only

Visa/MasterCard/Discover # _____ Code: _____ Exp. Date _____ Total \$ _____

Card Holder Name (Print) _____ Authorized Signature _____