# SUMMIT PARK DISTRICT

## SUMMIT REGISTRATION FORM

*(Please Print)*

FAMILY LAST NAME _____ PARENT'S NAME _____

STREET ADDRESS _____ HOME TELEPHONE _____

CITY _____ STATE _____ ZIP _____ WORK/EMERGENCY TELEPHONE _____

❒ Please check if the above is a new address or phone number

| CODE NUMBER | CLASS NAME, DAY & TIME | PARTICIPANT'S FIRST NAME | SEX | BIRTH DATE MO/DAY/YEAR | FEE |
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Checks may be made payable to the Summit Park District (Total Remittance $ _____)

CHARGE ACCOUNT NUMBER - (This section must be completed when paying by VISA or MASTERCARD)

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VISA MasterCard

Name of Cardholder _____

Authorized Signature _____ Charge Amt. $ _____ Exp. Date _____

*Must have signature to be processed*

WAIVER AND RELEASE OF ALL CLAIMS

Please read the form carefully and be aware that in registering yourself and/or a minor child/ward for participation in the above program(s) you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of your participation in the above program(s).

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any injuries, damages or loss regardless of severity 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(s).

I agree to waive and relinquish all claims my minor child/ward or I may have as a result of participating in any program against the District and its officers, agents servants and employees.

I do hereby fully release and discharge the District and its officers, agents servants and employees from any and all claims from injuries, damage, or loss which I or my minor child/ward may have or which mat accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s)

I further agree to indemnify and hold harmless and defend the District and its officers, agents servants and employees from and all claims resulting out of connected with, or in any way associated with the activities of the program(s).

In the event of any emergency, I authorize the District officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my child/ward's immediate care and agree that I will be responsible for any or all medical services rendered.

As a participant in a program or activity of the District(or as a parent/guardian of a participant) I hereby grant the District permission to use my or my child's image, video form or voice in photographs, videotapes internet websites or other materials prepared and released by the District for promotional , safety or instructional purposes. I understand that such materials will be used and shown in whole or in part as the District sees fit. By this permission and release, I hereby release and discharge the District, its officers, agents servants and employees from any and all claims or actions resulting from the use of such materials by the District.

When registering by fax it is mutually understood that the facsimile registration document (including the Waiver and Release of All Claims form shall substitute for and have the same legal effect as the original form.

I have read , understand and agree to the terms of the Summit Park District's Cancellation and Refund Policy.

I have read and fully understand the above Waiver and Release of All Claims and Permission to Secure Treatment information.

The Summit Park District does not carry accident or hospitalization insurance on any program participant. It is recommended that the participant review their own personal insurance policy to determine if adequate coverage is provided during all program activities.

_____

Participant/ Parent/ Guardian Signature Date

**Summit Park District**
5700 South Archer Avenue
Summit, Illinois 60501
708-496-1012
Fax 708-496-7275

FOR OFFICE USE ONLY
RECEIPT # _____
AMOUNT PAID $ _____
DATE _____
STAFF _____