

# Veterans Park District Registration Form

Mail to: Veterans Park District, 44 W. Golfview Drive, Northlake, IL 60164

Make checks payable to: Veterans Park District

Please complete all Credit Card information or enclose your check for your total fees due.  
If you have any questions or concerns please call (708) 343-5270.

Family last name \_\_\_\_\_

Street address, town and ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Emergency contact name and phone \_\_\_\_\_

**Please print all information and include program numbers!**

Participant's Name	Program	Program No.	Session No.	Day/Time	Fee	Sex	Date of Birth

Total Fees \$ \_\_\_\_\_

Check No. \_\_\_\_\_

(Please check one.)  Visa  MasterCard  Discover

Credit Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Payment \$ \_\_\_\_\_

This form must be completed and enclosed with registration form if you are paying fees with Visa, MasterCard or Discover.

### Waiver and release of all claims

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in Veterans Park District program(s), you will be waiving and releasing all claims for injuries you or minor child/ward might sustain arising out of Veterans Park District(s). I recognize and acknowledge that there are certain risks of physical injury to participants in Veterans Park District Program(s) and agree to assume the full risk of any injuries, including death, 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 such program(s).

I agree to waive and relinquish all claims I or my minor child/ward may have as result of participating in the program against the Veterans Park District and its officers, agents, servants, and employees. I do hereby fully release and discharge the Veterans Park District and its officers, agents, servants, and employees from any and all claims from injuries including death, damages or loss sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the program(s).

I further agree to indemnify and defend Veterans Park District and its officers, agents, servants, and employees from any and all claims from injuries including death, damages or loss sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the program(s).

In the event of an emergency, I authorize Veterans Park District officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward immediate care and agree that I will be responsible for payment of any and all medical services rendered. Registrants and participants also permit the taking of photos and videos of themselves and their children during Park District activities for publication and use as the Park District deems necessary.

Signature of Parent/Guardian or Participant \_\_\_\_\_ Date \_\_\_\_\_

Program Policies: All programs must meet established minimum registration.  
All registrants must meet all age requirements to be accepted in park programs.