



PROSPECT HEIGHTS PARK DISTRICT REGISTRATION FORM

Account Information (Please print parent/guardian/head of household information)

FIRST NAME: _____ LAST NAME: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE #1: _____ PHONE #2: _____ D.O.B: _____

EMAIL(Required for future online registrations): _____

PAYER'S INFORMATION:

(If different than above) (name) (street address) (city) (state) (zip) (date of birth)

Activity Enrollment

Check if you need special accommodations to participate in this program

PROGRAM TITLE	PARTICIPANT'S NAME	BIRTH DATE	GENDER	FEE	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
I would like to donate to support the Prospect Heights Park Foundation.					
				Total	\$

Payment Options: (Circle One) Cash Check Check # _____ Credit Card Gift Certificate \$ _____

LAST 4-DIGITS OF CREDIT CARD _____ EXPIRATION DATE _____

Return Form Options

MAIL/IN-PERSON: Prospect Heights Park District, 110 W. Camp McDonald Road, Prospect Heights, IL 60070 FAX REGISTRATION 847-394-7799

ONLINE: Save time and register at phparks.org

Please Review and Sign

WAIVER AND RELEASE- WARNING OF RISK

Recreational Activities/programs are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment there is still risk of serious injury when participating in any recreational activity/ program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating and all other circumstances inherent to indoor and outdoor recreational activities/ programs exist In this regard, must be recognized that it is impossible for the Prospect Heights Park District to guarantee absolute safety. Please read this form carefully and be aware that in signing up and participating in the listed programs/ activities, you will be expressly assuming the risk and legal liability and waiving all claims for injuries, damages or loss that you or your minor/ward might sustain as a result of participating in any and all activities connected with that associated with this program/ activities (including transportation services/ vehicle operation, when provided) I recognize and acknowledge that there are certain risks of physical injury to participants in the listed programs. I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my child/ward or I may sustain as a result of said participation.

I further agree to waive and relinquish all claims I or my minor child/ward may have (or occur to me or my child/ward) as a result of participating in this program/activity against the Prospect Heights Park District, including its officials, agent's volunteers and employees (hereinafter collectively referred to as "Prospect Heights Park District"). I do hereby fully release and forever discharged the Prospect Heights Park District from any and all claims for injuries damages or loss that my minor child/ward or I may have, or which may occur to me and arising out of, connected with, or in any way associate with the listed programs/ activities. I have read and fully understand this important information, warning of risk, assumption of risk and waiver and release of all claims. If registering via fax, your facsimile signature shall substitute for and have the same legal effect as an original signature. On occasion, the district staff may take pictures of participants in our programs, classes events; or of people in the district's parks. Please be aware that these pictures are only for Park District use, most likely for use in future catalogs website, social media, brochures, pamphlets, posters, and flyers. I guarantee to comply with all cancellation policies published in this brochure.

PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on the waiver.

Signature _____
(18 years or older/Parent/Guardian)

Date _____