

Oak Lawn Park District Registration Form

Please print and use one line per program. If necessary, use more than one form.

Last Name: _____ / First Name _____ Home phone: () _____

Address: _____ Emergency phone: () _____

City: _____ Zip: _____ Cell Phone: () _____

EMAIL ADDRESS: _____ Check here if you need wheelchair assistance: _____

If you need other assistance, please explain: _____

Proof of Residency:

- Driver's License
- Utility Bill
- Other: _____

CODE NUMBER	PROGRAM NAME	PARTICIPANT NAME	BIRTHDAY	SEX	FEE	OFFICE USE ONLY

PAYMENT INFORMATION

CHECK #: _____ CREDIT CARD: Visa Mastercard CC Expiration Date: _____

CC Account #: _____ V Code: _____ (located on back of card - last 3 digits)

Total Amount: _____ Cardholder Name: _____

Cardholder Signature: _____ TOTAL: \$ _____

Office Use Only	DATE & TIME STAMP	EMPLOYEE INITIALS	FACILITY (CIRCLE ONE)	
			Oak View	Racquet Club
			Administrative	Stony Creek
			Ice Arena	Other
			Pavilion	

Waiver & Release of All Claims

Please read this form carefully and be aware that when registering yourself or your minor child/ward for participation in the above program/programs, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of Park program/programs. I recognize 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 I or my minor child/ward may have as a result of participating in the program against the Oak Lawn Park 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, damages or loss which I or my minor 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 the activities or the program(s), to include all claims arising out of, connected with or in any way associated with the activities of the transportation service, including but not limited to boarding, exiting and transporting. In the event of any emergency, I authorize District officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I also give my permission for any photographs/videos of me/my child/ward taken by the park district at a park-district program to be used for park-district publicity purposes. I have read and fully understand the above information, warning of risk, assumption of risk, and waiver and release of all claims and permission to secure treatment. If registering online or via fax, I understand my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Your Signature: _____ **Date:** _____

Please refer to the previous page for correct registration procedures. Be sure to fill out this form completely, including signing it. Enclose check or money order (do not send cash) for full amount, payable to the OAK LAWN PARK DISTRICT. Remember to provide proof of residency. There will be a \$30 charge for any NSF (non-sufficient funds) check.

\$ ATTACH PAYMENT HERE \$

Please include your email address above to receive email notices from the Oak Lawn Park District.