REGISTRATION FORM

7301 Fairview Ave • Darien, IL 60561 • Phone Number: (630) 968-6400

Please print and fill out this form completely

Family Last Name:		First Name of Adult completing this form:															
Address (Street):																	
City:					Zip Code:												
Home Phone #:					Work Phone #:												
Cell Phone #:					E-mail Address:												
Request Accommodation																	
	Activity Name	Please list:										I 0	E /A 4	l _{D: 11}			
Code Number		Fee	\$		Participant's Name					Sex	F/M	Birthdate					
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	Tota	I Amou	ınt Due	: \$													
Method of Payment (Check one)		This section must be filled out if you are using Fill in card number below								V	ISA	MasterCard DISC VER					
Cash																	
Check #		Cardholder's Name:													_		
Charge Card		Expiration Date: Amount: \$															
		Authorized Signature:													_		
The fee code used in this	brochure is as follows:	(R) -	Resident	s of th	e Dar	ien P	ark D	istric	t	((NR) -	Non	-resid	ents			
Refunds will not be issued aft programs cancelled by the Park District cancels a program	ark District, participants will re																
	WAIVER AND R	ELEAS	SE OF A	LL C	LAIN	IS A	ND A	ASS	UMP	TIOI	N OF	RIS	K				
Please read this form carefull releasing all claims for injuries these programs (including tra	s, damages or loss which you	u or your mi	nor child/ward	d might s													
I recognize and acknowledge or loss, regardless of severity (or accrue to me or my child/v	, that my minor child/ward or	I may susta	in as a result	of said	participa	tion. I f	urther a	gree to	waive a	nd relind	quish all	claims	I or my	minor ch	ild/ward		
I have read and fully understated facsimile signature shall subs						c and w	vaiver ar	nd relea	se of all	claims	If regist	ering o	n-line or	via fax,	my on-l	ine or	
The undersigned hereby release with them in any activity.		•	•			ve in re	egards t	o perso	n or per	sons the	e unders	signed i	ncludes	or invite:	s to part	ticipate	
Permission to photo By signing this waiver, I under used to promote the park dist instructor & photographer if you	rstand that my child or I may rict through press releases, b	be photogra prochures, a	aphed at any	Darien F	Park Dist	rict pro	gram, e	ven or f	acility. I								
Signature of parent,	adult participant (1	8 years	or older o	or Par	ent/G	uardi	an)				Date						