

# Registration Form

## Part 1 » Family Information (please print clearly)

Head of Household Last Name:	Address:	City:
Zip:	Phone:	Alternate Phone:
Guardian(s):	Email:	

## Part 2 » Fill in 1st and 2nd choice programs for each participant (Please pay the higher of the 2 fees when including 2nd choice programs) (please print clearly)

Participant's Name	Gender	Birthdate	Program	Code Number	Age	Fee
			1st Choice <b>Guardian Participation</b>	<b>261610-01</b>		<b>\$0</b>
			2nd Choice			
			1st Choice			
			2nd Choice			
			1st Choice			
			2nd Choice			
			1st Choice			
			2nd Choice			

Please describe any allergies or other accommodations needed for your enjoyment of this program:

Credit Balances of \$10 or less will be applied to your account. Total Fees = \$ **0**

## Part 3 » Signature

### Waiver and Release of All Claims - Must be signed or registration cannot be processed.

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in Buffalo Grove Park District programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of said programs.

I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s), including transportation services, for which I have registered and I agree to assume the full risk of any such injuries, damages or loss, regardless of severity, which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s), including transportation services. I waive and relinquish all claims I or my child/ward may have against the Park District and its officers, agents, servants and employees as a result of participation in any of these program(s), including transportation services. I hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may occur to me or my child/ward on account of my participation or the participation of my child/ward in any of these program(s), including transportation services. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or by my child/ward, and arising out, connected with, or in any way associated with the activities of any of the program(s), including transportation services. Photo Disclaimer: Registrants and participants of programs and special events permits the Park District to take photos and videos of themselves and their child/ward for publication in the program brochure, website and additional uses as the Park District deems necessary unless the registrant or participant expressly files with the Park District a written objection as to photos or videos of themselves and/or their child/ward.

I have read and fully understand the program details and waiver and release of all claims.

Signature of Participant (or of parent if participant is under 18)

Printed Name

Date

## Part 4 » Fill in charge card information

This section must be filled out if you are using Visa, Mastercard, American Express or Discover.

Charge My: ☐ Visa ☐ Mastercard ☐ AMEX ☒ Discover

Card holder name (print)

Card Number

Expiration Date

Amount of Payment \$

Authorized Signature

## Part 5 » Return your form to the Park District

### Mail in, Drop off or Fax it in!



Buffalo Grove Park District  
530 Bernard Drive  
Buffalo Grove, IL 60089



Fax Us!  
847.459.5741

**Please Note:** All information listed will appear on your account. If parents reside at different addresses and you would like information sent to both addresses, please provide us with the second address. Once complete, return forms to the Aloft Center. Due to internet security precautions, payment is only accepted via fax, mail or in-person. Credit card information is not accepted via email.