



# Sugar Grove Park District Registration Form

www.sgparcs.org Phone: 630.466.7436 Fax: 630.466.8675

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## Primary Guardian Information

Please check here if your address or phone number has changed.

First Name	Last Name	E-mail
Street Address	City	Zip
Home Phone #: ( )	Work/Emergency Phone #: ( )	Cell #: ( )

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## Participant Information

First & Last Name	Sex	DOB	Grade	Age	Program Name	Session	Fee

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## Payment Information

Cash  Check (Payable to Sugar Grove Park District) **OR** Credit Card:  VISA  Mastercard

Amount Paid \$ \_\_\_\_\_ Card Number \_\_\_\_\_

Check # \_\_\_\_\_ Expiration Date \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_

Card Holder (print name) \_\_\_\_\_ Authorized Signature \_\_\_\_\_

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**Persons with disabilities:** The Park District makes reasonable accommodations for persons with disabilities to participate. Please specify below any adaptive equipment, personnel or other accommodation you need to participate in a program for which you have registered.

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## Important Information

You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

### Waiver and release of all claims and assumption of risk

Please read this form carefully and be aware that in signing up and participating in the use of the above program you will be waiving and releasing all claims for injuries you or your minor child might sustain arising out of the activities of this program (including transportation services, when provided). "As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I or my minor child may sustain as a result of participating in any and all activities connected with are associated with such program." "I agree to waive and relinquish all claims I or my minor child may have as a result of participating in the program against the Park District and its officers, agents, servants and employees." "I do hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damages of loss which I or my minor child may have or which may accrue to me or my child on account of participation."

**I have read and fully understand the above Program Details and Participation Agreement.**

Signature of Participant (18 & up) or Primary Guardian \_\_\_\_\_ Date \_\_\_\_\_