



**Warrenville Park District**  
 3S260 Warren Avenue  
 Warrenville, IL 60555  
 Phone: (630) 393-7279  
 Fax: (630) 393-7282  
 www.warrenvilleparks.org

Did You...?

- Provide at least two different phone numbers.
- Sign your registration form.
- Make your check/money order payable to Warrenville Park District.
- Provide your credit card information.

**How did you hear about us?** \_\_\_\_\_

Family Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (hm) \_\_\_\_\_ (wk) \_\_\_\_\_

Emergency Name & Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Payment:**

Cash  Check  Visa  MasterCard

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Insert Credit Card Number Above

Check Number: \_\_\_\_\_ Cardholder Name \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Charge Amount: \$ \_\_\_\_\_

OFFICE USE ONLY
Received by staff Initial _____
Date _____
Processed by staff initials _____
Date _____

Participants Name First and Last	Birthdate Mo/Day/Year	Grade	Program Code	Program Name	Fee
<b>Total</b>					

Are there any medical problems or special needs that the Park District should be aware of: (i.e. food allergies, insects, plants, medicine, etc.)?  
 Yes  No  Explain: \_\_\_\_\_

If registrant requires any special accommodation or assistance for enjoyment of this program, please describe: \_\_\_\_\_

**WAIVER AND RELEASE** Please read this form carefully and be aware that in signing up for and participating in programs/activities, you will be expressly assuming the risk waiving and releasing all claims for injuries you or your children might sustain arising out of these programs. As a participant in these Warrenville Park District programs, 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 may sustain as a result of participating in any and all activities connected with or associated with such programs. I agree to waive and relinquish all claims I may have as a result of participating in the programs against the Warrenville Park District and its officers, agents, servants and employees. I do hereby fully release and discharge the Warrenville Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damages and losses which I may have or which may occur to me on account of participation in these programs. I further agree to indemnify and hold harmless and defend the Warrenville Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or arising out of, connected with, or in any way associated with the activities of these programs. In the event of an emergency, I authorize the Warrenville Park District officials to secure from any licensed hospital, physician and/or medical personnel, any treatment deemed necessary for any immediate care and agree that I will be responsible for payment of any and all medical services rendered.

**The Warrenville Park District does not carry medical or accident insurance for program participants. Please review your own health insurance to be certain that you and your family have adequate coverage.**

\_\_\_\_\_  
 Parent/Guardian, Adult Participant Signature

\_\_\_\_\_  
 Parent/Guardian, Adult Participant (please print)