

Registrant Information

Main Contact Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Participant's Name (First and last)	Birthdate	Grade	Gender	Activity Code	Course Name	2nd Choice Activity Code	3rd Choice Activity Code	Fee

Please list the names of any family member(s) needing special assistance to participate in the program(s) and what accommodations are needed: \_\_\_\_\_

\_\_\_\_\_

Hold Harmless Agreement

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the District, including its officials, agents, program instructors, volunteers and employees. I hereby authorize and give my consent to the District to photograph/video my child (or me), and without limitation, to use such photographs/video in connection with promoting/advertising the services, programs, and facilities of the District, without consideration of any kind. I have read and fully understand the above important information, warning of risk, assumption of risk, waiver and release of all claims, and photo/video authorization. If registering online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Signature of parent/guardian or adult participant \_\_\_\_\_

Date \_\_\_\_\_

Payment Information for Mail-in or Drop-off Registration

Please select form of payment below. Do not complete if registering in-person.

<input type="checkbox"/> Check	Check # _____ Check Total \$ _____	MAKE CHECKS PAYABLE TO 'FOX VALLEY PARK DISTRICT'	
Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover		Cardholder Name (print)	Charge Total \$ _____
Card #	Exp. Date:	Signature	