PART 1: PARTICIPANT INFORMATION Last Name:			Home Phone:		
Address:			Work Phone:		
City:	Zip Code:		Cell Phone:		
Emergency Contact Name:			Emergency Contact Phone	е:	
PART 2: ENTER	PARTICIPANT PRO	OGRAMS			
Program Code	Program Name	Fee	Participant Nar	ne Sex	Birthday: mm/dd/yyyy
PLEASE DESCRIBE AN	NY ACCOMMODATIONS	NEEDED FOR	INCLUSION IN THIS	PROGRAM:	
that all participants follow safety rules and there is an inherent risk of injury when che this agreement. It is always advisable, esp WARNING OF RISK Recreational activities are intended to che a risk of serious injury when participating due to inclement weather, slip and falls, pcircumstances inherent to indoor and out WAIVER & RELEASE OF ALL CLAIMS Please read this form carefully and be aw you or your minor child/ward might sustai acknowledge that there are certain risks o sustain as a result of said participation. I fincluding its officials, agents, volunteers, at I have read and fully understand the ab and have the same legal effect as an original sustain as a result of said participation.	door recreational activities exist. In this regard, it AND ASSUMPTION OF RISK are that in signing up and participating in the pro in as a result of participating in any and all activit f physical injury to participants in these program urther agree to waive and relinquish all claims I of	articipants' safety. However, ograms. You are solely responsively suffered any way or recently suffered at least solely responsively. The same at least solely and the same at least solely surprised that it is solely sol	participants and parents/guardians of minsible for determining if you or your min an illness, injury or impairment, to consurticipant. Despite careful and proper prepare be foreseen. Depending on the particula luct, premises defects, inadequate or deficis impossible for the Lombard Park District less expressly assuming the risk and legal ociated with these programs (including transsume the full risk of any and all injuries have (or accrue to me or my child/ward) wer and release of all claims. If registeriunderstand that the Kiddie Campus Programs of the control of the c	inors registering for the above listor child/ward are physically fit a physician before undertakin paration, instruction, medical adar activity, participants must und active equipment, inadequate suict to guarantee absolute safety. Iliability and waiving and releasing ansportation services and vehicles, damages or loss, regardless of as a result of participating in the ing online or via fax, my online ing online or via fax, my online in the or third properties.	sted programs/activities must recognize that nd/or skilled for the activities contemplated by g any physical activity. vice, conditioning and equipment, there is still erstand that certain risks, dangers and injuries pervision, instruction or officiating, and all other all claims for injuries, damages or loss which e operations, when provided). I recognize and severity, that my minor child/ward or I may ese programs against the Lombard Park District, or facsimile signature shall substitute for
Email:			Subscribe to Lombard I	Park District's E-Newsle	tter: Y N N
Signature of Parent, Guardian	or Adult Participant:				
Print Name:	Date:				
PART 4: PAYME	NT INFORMATIO	N			
Payment Method:					
☐ Cash ☐ Check #	☐ Credit Card (check one) ☐] Visa □ Maste	rcard Discover	Total Amount: \$	
				*Credit card payments v	vill be accepted online or in-person only.
	arks.com/register, by mail, or dro egistration, 820 S. Finley Road, Loı				

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