



Norridge Park District Registration Form

Household Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Home/Cell Phone: _____ Emergency Name: _____

E-mail Address: _____ Emergency Phone: _____ Required

American with Disabilities Act Need Accommodation? Yes Name of Participant: _____

Has any of the above information changed since your last registration? Yes No

Is this your family's first time registering for a program? [] Yes [] No

If Yes, please attach a copy of your Proof of Residency. Attached? [] Yes [] No (i.e. Photo I.D. , utility bill, lease, tax bill, voter ID card)

If Yes, please have proof of DOB with Birth Certificate of anyone under age of 18 years.

In order to process your registration, we require a signed waiver with payment.

Table with 7 columns: Program Name, Time/Day, Participant Name, M/F, DOB, Fee, Office. Multiple empty rows for registration details.

Payment (Check one): VISA MASTERCARD DISCOVER Cash or Check

Account#:

Exp. Date: CVV (month / year)

Cardholder Name: _____ Authorized Signature: _____

The Norridge Park District reserves the right to change payment amount to reflect the correct fee.

Release & Hold Harmless Waiver

Please read this form carefully and be aware that in signing up and participating in this program(s), you will be waiving and releasing all claims for injuries you might sustain arising out of this program. As a participant in the program(s), I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of injuries, damages or loss which I may sustain as a result of participating in any and all activities with or associated with such program(s). I agree to waive and relinquish all claims that I may have as a result of participating in the program(s) against the Norridge Park District and its officers, agents, servants and employees. I do hereby release and discharge the Norridge Park District and its officers, agents, servants, and employees from any and all claims from injuries, damage, or loss which may accrue to me on account of my participation in the program(s), including transportation services and vehicle operations, when provided. I further agree to indemnify and hold harmless and defend the Norridge Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages, and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program(s). I agree to the terms of the District Photo/Video Policy. I have read and fully understand the above Program Details and Waiver and Release of all Claims. Participant(s) or their legal guardian must sign this Waiver. The District will consider a facsimile signature as original.

Participant(s): _____ Parent/Guardian, if under 18: _____