

Program Registration Form



Primary Household Contact (Last) _____ (First) _____
 Address _____ Primary E-Mail _____
 City/State/Zip _____ Participant E-Mail _____
 Home Phone _____ Emergency Phone _____ Cell Phone _____ Fax _____

For Better Customer Service, Please Fill Out Email Information As Requested.

Please check (x) if you need special accommodations to participate in this program.

Program Code	Program Title	Total Fee Due	Registrant's First Name	Gender	Age	Birth Date	Grade	School Attended

Total Fees

\$ _____

Fax in registration at (847) 583-0827 Howard Leisure Center or Golf View Rec Center at (847) 967-1505.

I am on a TEAM _____

I am an INDEPENDENT PLAYER _____

If there is more than one coach, please list both coaches information.

COACH FIRST AND LAST NAME: _____ Phone _____

COACH FIRST AND LAST NAME: _____ Phone _____

TEAM NAME: _____

METHOD OF PAYMENT

- Cash MasterCard
 Check Visa
 Discover

Name _____ Exp. Date _____

(as it appears on card)

Card Number _____

Signature _____ Amount _____

Remit to:
 Niles Park District
 Registration
 6676 W. Howard St.
 Niles, IL 60714

Please Visit Us On The Web @ www.niles-parks.org



- A self-addressed envelope must be enclosed in order to receive a receipt.

WAIVER AND RELEASE OF ALL CLAIMS Please read this form carefully and be aware that in signing up and participating in this program you will be waving and releasing all claims for injuries you might sustain arising out of this program.

Please read this form carefully and be aware that in signing up and participating in the above identified programs/activities, 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 said programs/activities (including transportation services/vehicle operation, when provided.)

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, 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 participating in all these programs/activities against the Niles Park District, including its officials, agents, volunteers and employees (here-in after collectively referred as "District").

I do hereby fully release and forever discharge the District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of connected with, or in any way associated with these programs/activities. If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effects as an original form signature. Additionally, by signing this form, I am certifying that I qualify for the rate charged (i.e. if resident rate was charged, I am/my children are residents of the Niles Park District). If this is proven untrue, I realize that my park district privileges may be suspended or revoked.

Photos are periodically taken of participants in a class, during a special event or at the District's parks. Please be aware that these photos are for Park District use only and may be used in the District's publications.

I have read and fully understand the above important, warning or risk, assumptions of risk and waiver and release of all claims.

PLEASE PRINT Participant's Name _____

Parent/Guardian Signature _____ Date _____

Adult Participant (18 or Older) Signature _____ Date _____

PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.