

Registration Form

Drop-off
 Memorial Park Field House
 12804 S. Highland Ave
 Blue Island IL, 60406

Fax: 708-385-3318
Phone: 708-385-3304

Last Name: _____ Date: _____
 E-mail _____ Address: _____
 City: _____ Zip: _____
 Home phone: _____ Cell phone: _____
 Work phone: _____

Participant's Name	Program Number	Class	Program Name	Day	Dates	Time	Fee

Is there medical information or special needs of the participant(s) of which we should be aware? Yes No

The Blue Island Park District ("Park District") is committed to conducting its recreational programs and activities in a safe manner and holds the safety of participants in high regard. The Park District continually strives to reduce safety risks and insists that all participants follow safety rules and instructions that are designed to protect the participant's safety. However, participants and parents/guardians of minors registering for Park District programs must recognize that there is an inherent risk of injury when choosing to participate in recreational programs/activities.

You are solely responsible for determining if you and/or your minor child/ward are physically fit and/or adequately skilled for the activities and programs contemplated and undertaken by the Agreement. It is always advisable, especially if the participant is pregnant, is disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

Warning of Risk

Recreational activities/programs are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, un-sportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Blue Island Park District to guarantee absolute safety.

As a participant or parent/guardian of a participant in a program, I recognize and acknowledge that there are certain risks of physical injury to participants, and I voluntarily agree to assume the full risk of any and all injuries (including death), damages or losses, regardless of severity, which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with the program.

I agree to waive and relinquish all claims I or my minor child/ward may (or that accrue to me or my minor child/ward) as a result of participating in the program against the Park District and its officers, agents, servants, volunteers and employees.

I do hereby fully release and forever discharge the Park District and its officers, agents, servants, volunteers and employees from any and all claims for injuries (including death), damages or losses which I or my minor child/ward may have (or which may accrue to me or my minor child/ward) on account of, arising out of, connected with or in any way associated with participation in the program.

I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants, volunteers and employees from any and all claims for injuries (including death), damages and losses sustained by me or others on account of, arising out of, connected with, or in any way associated with participation in the program.

In the event of any emergency, I authorize the Park District officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment for any and all medical services rendered.

I also grant permission to the Park District to use the participant's name, photograph, address, image or likeness for display in the Park District's publications, advertisements, and marketing mailings. I understand the materials are designed for educational and information purposes and agree to release and waive any claim against the Park District, its officers, employees, volunteers or agents, which I or my minor child/ward may have (or which may accrue to me or my minor child/ward) arising out of the use of my child's name, photograph, image or likeness therein.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER AND RELEASE AND PERMISSION TO SECURE TREATMENT

 Participant's Signature/ Parent/Guardian's Signature

 Date

Family Master Registration Form

Please Print

Last Name: _____

Address: _____

City/State: _____ **Zip Code:** _____

Home Phone: (_____) _____ **Email:** _____

Work Phone: (_____) _____ **Contact Person:** _____

Emergency Phone: (_____) _____ **Contact Person:** _____

Cell Phone: (_____) _____ **Contact Person:** _____

Complete below if registering for the first time or if your house hold information has changed

Household Members	First Name	Sex M or F	Birth date Month/Day/ Year	Grade	Last name If different
Head of Household					
Head of Household					
Dependent					
Dependent					
Dependent					
Dependent					
Dependent					
Dependent					