



Registration Form

Complete this form and submit with payment to:

721 Engle St., Dolton, IL 60419

Tel: (708) 841-2111; Fax (708) 841-2177

Additional forms may be printed from our website: www.doltonparkdistrict.org

REGISTRANT INFORMATION (Please Print)

PARENT / GUARDIAN NAME			
ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE	E-MAIL ADDRESS	
EMERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE	RELATIONSHIP/CHILD	

Please list any participant's medical conditions or special needs:

Please indicate t-shirt size by participant's name if applicable. (YS, YM, YL, AS, AM, AL, AXL or A2XL)

PARTICIPANT FIRST & LAST NAME	BIRTH DATE M/D/YYYY	SEX	PROGRAM NAME	DATE PERIOD	FEE
Example: Jane Smith	11/05/2000	F	Tot Music	Start Date – End Date	\$

PLEASE PROCEED TO NEXT PAGE.

SIGNATURE ON WAIVER FORM IS REQUIRED TO PARTICIPATE IN DOLTON PARK DISTRICT PROGRAMS AND ACTIVITIES.

FOR OFFICE USE ONLY:

Registration Date: _____ Payment Form: _____

Receipt Number(s): _____

Registering Employee: (Full Name) _____

Special Accommodations: (Signature) _____

Waiver of Liability

PLEASE READ AND SIGN THE WAIVER STATEMENT BELOW

(This waiver must be signed by all participating adults 18 years old and over, and/or by a parent or guardian for each participant under age 18)

As a participant in this Dolton Park District program, I recognize and acknowledge that there are certain risks of injury and I waive and relinquish all claims I or my children may have as a result of participation in this program against Dolton Park District, the Dolton Park District Departments, and its officials (either elected or appointed), commissioners, officers, agents, employees, and volunteers. I further agree to indemnify, hold harmless and defend Dolton Park District, the Dolton Park District Departments, and its officials (either elected or appointed), commissioners, officers, agents, employees, and volunteers from and against any and all claims, suits or cause of actions, including reasonable attorney's fees, sustained or caused by myself or my child arising out of, in connection with, or in any way associated with the activities of this program.

I give my child/children permission to participate in this program, and on the child's behalf as parent and/or legal guardian I hereby waive, release and forever discharge any and all claims against the Dolton Park District, the Dolton Park District Departments, and its officials (either elected or appointed), commissioners, officers, agents, employed, and volunteers for damages and/or injuries which may arise from my child's participation in this program.

Please list the participating child/children's name(s):

_____	_____
_____	_____
_____	_____

I, the undersigned, understand and acknowledge that participation in a recreational activity can be hazardous and I realize that no one should enter into a recreation activity unless the participant is medically able. I/We assume all risk associated with this activity including, but not limited to: falls, contact with other participants or equipment, effects of weather, equipment failure, and condition of playing area. I fully understand that it is my responsibility to ascertain if this specific activity contains other elements of risk that could prove to be harmful to a participant.

Having read this waiver and in consideration of acceptance of entry into the program, I and anyone entitled to act on my behalf waive and release Dolton Park District, Dolton Park District Departments, it's co-sponsors, their representatives and successors from all and against any and all claims, suits, or cause of actions, including reasonable attorney's fees, sustained or caused by myself or my child arising out of, in connection with, or in any way associated with the activities of this program.

SIGNATURE _____ DATE _____

PHOTO RELEASE

I give my permission to the Dolton Park District Departments to take my picture or my child's picture to use on all future advertising for Dolton Park District programs. I also hereby consent to the use of my or my child's photograph or cinematic image without compensation.

SIGNATURE _____ DATE _____