



PROGRAM REGISTRATION FORM

Mail / Drop Off: Oak Forest Park District
 15601 S Central Ave. Oak Forest, IL 60452
 Main Office: (708) 687-7270 Fax: (708) 687-9937

Head of Household, Last Name: _____ First Name: _____

Payer's Name (if different): _____ Email Address: _____

Address: _____ City: _____ Zip Code: _____

Primary Phone Number: _____ Additional Phone Number: _____

Program #	Program Name	Day/Time	Fee	Payment	First & Last Name	Gender M/F	Birth Date Mon/Day/Yr	Current Grade

FOR PROGRAMS THAT ALLOW AUTOMATIC PAYMENT PLANS: I hereby authorize the Oak Forest Park District to undertake the following charges or withdrawals by the Electronic Funds Transfer (EFT) from the credit card on file. \$ _____ Per Schedule Date(s): _____ Authorized Signature: _____	PAYMENT METHOD: <input type="radio"/> Cash <input type="radio"/> Credit Card <input type="radio"/> Check # _____ <i>All Credit Cards are charged. Cash and checks are deposited as they are received.</i>	Total Paid: \$ _____
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In Compliance with the ADA, the Oak Forest Park District will make all reasonable efforts to accommodate persons with disabilities. Are any special accommodations needed for you to enjoy this program? Yes _____ No _____ (if yes, a two-week notice is required)

Waiver and Release Important Information:
 The Oak Forest Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Oak Forest Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the above listed activities/programs must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.
 You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or 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, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the OFPD to guarantee absolute safety.

Waiver and Release for Transportation Services: Please read this form carefully and be aware that in consideration for the OFPD, providing transportation services to/for (identify destination or program), 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 said services, including but not limited to, vehicle operations and boarding and exiting the vehicle. I recognize and acknowledge that the OFPD is neither a common carrier nor in the business of providing transportation services to the public. I further recognize and acknowledge that there are certain risks of physical injury to vehicle passengers, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as a result of participating in any and all activities connected with or associated with receiving transportation services, including, but not limited to, injuries, damages and loss arising out of negligent operation or supervision of the vehicle. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) against the OFPD, including its respective officials, agents, volunteers and employees (hereinafter collectively referred as "Parties"). I do hereby fully release and forever discharge the Parties 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 said transportation services.

Photo/Videotaping Waiver: Photographs and videos are taken by Park District staff to use for promotional purposes. By registering for a program, attending an event, or using a Park District facility, you have granted us permission to use your image for promotional purposes without consideration of any kind.

I have read and fully understand the above waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

X Signature of parent, guardian or adult participant 18 years or older. Participation will be denied if signature of adult participant or parent/guardian and date are not on this waiver.

X Signature: _____ **Date:** _____

MasterCard or Visa Only	Cardholder Name: _____
Expiration Date: ____ - ____ 3-digit Security Code ____	Billing Address: _____
Amount of Charge: \$ _____	Authorized Signature: _____