Registration Form



Part 1 » Family Information - Please Print Clearly

Card Number

Expiration Date _

Amount of Payment \$ ___ Authorized Signature _

____ CW___

Head of Household Last Name:		Ac	ddress:	City:			
Zip:		Ph	Phone:		Alternate Phone:		
Guardian(s):			Email:				
Part 2 » Fill in 1st and 2nd choice pro	grams for each	participant, pa	ying the higher of the 2 fees wh	nen including 2nd choice programs.			
Participant's Name	Gender	Birthdate	Program	Code Number	Age	Fee	
			1st Choice				
			2nd Choice				
			1st Choice				
			2nd Choice				
			1st Choice				
			2nd Choice				
			1st Choice				
			2nd Choice				
Please describe any allergies or other ac	commodations n	eeded for your e	njoyment of this program:	Credit Balances of \$10 or less will be applied to your account.	Total Fees = \$		
Part 3 » Signature Waiver and Release of All Claims - Please read this form carefully and be aware th for injuries you or your child/ward might sustain I recognize and acknowledge that there are cer of any such injuries, damages or loss, regardles transportation services. I waive and relinquish a or event[s], including transportation services. I he child/ward may have or which may accrue to I further agree to indemnify and hold harmless o by my child/ward, and arising out, connected of programs and special events permit the Park Park District deems necessary unless the registro I have read and fully understand the program Signature of Participant (or of parent If	at in registering your n arising out of said train risks of physical s of severity, which I - il claims I or my child ereby fully release an me or my child/war and defend the Park with, or in any way or District to take photo and or participant exp	rself or your minor ch programs or events. injury to participants or my child/ward mr. d/ward may have ay and discharge the Park d on account of my District and its office associated with the c as and videos of then pressively files with the and release of all cla	sin the program(s) or event(s), including sustain as a result of participation and sustain as a result of participating against the Park District and its officers. District and its officers, District and its officers, agents, serve participation or the participation of rrs, agents, servants and employees a scrivities of any of the program(s) or enselves and/or their child/ward for e Park District a written objection as	ing transportation services, for which I have reg in any activities connected or associated with agents, servants and employees as a result or unts and employees from any and all claims fro ny child/ward in any of these program(s) or er from any and all claims resulting from injuries, went(s), including transportation services. Phot publication in the program brochure, website,	gistered and I agree to as any such program(s) or ev fo participation in any of t am injuries, damage or lo event(s), including transpo damages and losses sus o Disclaimer: Registrants, social media and additi	usume the full risk vent(s), including these program(s) ses which I or my ortation services. tained by me or and participants	
orginaliste of Farmicipalit (of of parent if p	ратісіраті із опа	er roj Trille	a raine		Dule		
Part 4 » Fill in credit card information			Part 5 » Return yo	our form to the Park District			
This section must be filled out if you are using Visa, Mastercard, American Express or Disco Charge My: OVisa Mastercard AMEX Discover			Mail in, Drop	Mail in, Drop off or Fax it in!			
Card holder name (print)				Buffalo Grove Park District	- III		

Please Note: All information listed will appear on your account. If parents reside at different addresses and you would like information sent to both addresses, please provide us with the second address. Once complete, return forms to the Alcott Center. Due to internet security precautions, payment is accepted via fax, mail, drop box, or in-person. Credit card information should not be sent via email.

Fax Us!

847.459.5741

Buffalo Grove, IL 60089

530 Bernard Drive