REGISTRATION FORM

Adult Name (first)_____ **(last)**_____ **(spouse)**_____

Address_____ **City**_____ **State**_____ **Zip Code**_____

Home Phone_____ **Work Phone**_____ **Cell Phone**_____

☐ ***Check here if new address or phone numbers***

Email Address_____ ☐ ***Check here if new email address***

Emergency Name_____ **Phone #**_____

Activity Name	Activity Time(s)	Activity Dates	Participant Name	Birthdate	Gender	Grade	Shirt Size	Fee

***Please note: Some programs (i.e Dance and Swim Lessons) have multiple sessions at each level. To ensure accurate enrollment please make sure you provide specific and correct program information when registering.**

If applicable, would you like to be a volunteer coach? YES NO * (Available Shirt Sizes: YS, YM, YL, AS, AM, AL, AXL)

☐ The Byron Park District does its best to accommodate those individuals with special needs. If you need any special assistance with a program/activity, please check this box and we will contact you and will do our best to assist you.

How did you hear about the program? (check all that apply) ○Brochure ○Website ○Instructor ○Friend ○Newspaper ○Flyer ○Email

☐Mastercard ☐Visa ☐Discover ☐American Express

				-					-					-				

Card #:

Cardholder Name:_____ CVV # ____

Expiration Date:___/___/____ Amount of Charge: $_____

Authorized Signature_____

If paying by credit card this section must be completed

If paying by check:

Check #_____

Please make checks payable to:

Byron Park District

Check $ _____

Cash $ _____

Charge $ _____

Total $ _____

Received By _____

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, 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 this program/activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, 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 said participation. 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) as a result of participating in this program/activity against the Byron Park District, including its officials, agents, volunteers and employees.

I have read and fully understand the above important information, warning of risk, assumption of risk and 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.

_____ **Date: ____/____/____**

Signature of participant or parent/guardian (This waiver must be signed by adults 18 years or older)