



York Center Park District  
 1609 S. Luther Avenue  
 Lombard, IL 60148-5070  
 Phone: (630) 629-0886  
 Fax: (630) 629-0888  
 Website: www.yorkcenterparks.org

# Registration Form

## ADULT OR GUARDIAN

Parent Last Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Parent First Name: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone #: (\_\_\_\_) \_\_\_\_\_ Cell#: (\_\_\_\_) \_\_\_\_\_  
 Work Phone #: (\_\_\_\_) \_\_\_\_\_ Emergency Phone #: (\_\_\_\_) \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

*Make checks payable to the York Center Park District*

Participant's Last Name	Participant's First Name	Sex	Birth Date	Program Code	Name of Program	Class Fee

Do you have any special dietary needs/allergies? \_\_\_\_\_

Do you have any medical condition we should be aware of? \_\_\_\_\_

How did you find out about this (these) program(s)? \_\_\_\_\_

\*If you or any member of your family has special needs, please let us know by attaching a separate sheet to this registration form.

### AUTHORIZATION FOR MEDICAL TREATMENT

- \* I, the undersigned, hereby agree to allow the individual(s) named hereon to participate in the York Center Park District activities.
- \* I certify that to the best of my knowledge, the participant(s) named hereon is/are physically fit and able to engage in Recreation Services Division activities.
- \* In case of emergency, I give my permission for emergency medical treatment.
- \* This form shall be considered valid until canceled or changed in writing by the undersigned parent/guardian/participant.
- \* My signature acknowledges that I understand and agree to the above conditions.

Signature: \_\_\_\_\_ Full Name Printed: \_\_\_\_\_  
 (Parent/Guardian Signature if Participant is under 18 years old)

Date: \_\_\_\_\_ My Relationship to Participant(s): \_\_\_\_\_

**You must sign the waiver on the back of this page to be registered.**



# Multiple Waiver & Release

Y o r k

C e n t e r

P a r k

D i s t r i c t

The York Center 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 York Center 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 listed programs/activities 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 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. 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, slip and falls, 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 exist. In this regard, it must be recognized that it is impossible for the York Center Park District to guarantee absolute safety.

## 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 the programs listed below, 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 these programs (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, 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 these programs against the York Center 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.**

Participant's Name: \_\_\_\_\_  
(Please Print)

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian Signature if Participant is under 18 years old)



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**NOTE: PARTICIPATION WILL BE DENIED IF THE SIGNATURE OF ADULT PARTICIPANT OR PARENT/GUARDIAN AND DATE ARE NOT ON THIS WAIVER!**