



FOX VALLEY PARK DISTRICT
CREATIVE PLAY REGISTRATION
 EOLA, PRISCO & VAUGHAN

OFFICE USE ONLY

Eola 2 - 3 - 4 - PK
 Prisco 2 - 3 - 4 - PK
 VAC 2 - 3 - 4 - PK

Child's Name _____ Male Female Date of Birth _____

Address _____ Phone _____

Parent/Guardian 1: _____ Primary Phone: _____

Email Address: _____

Parent/Guardian 2: _____ Primary Phone: _____

Email Address: _____

Age	Program	Day(s)	Location	Activity Code	Registration Fee	Tuition
2s	1 Day	Friday	Eola			
	2 Day	M/W	Vaughan			
	2 Day	M/W or T/Th	Eola			
	2 Day	Tu/Th	Prisco			
3s	AM	Tu/Th	Eola, Prisco & Vaughan			
	AM	M/W/F	Eola & Prisco			
	PM	Tu/Th or M/W/F	Eola			
4s	AM	M/W/F	Eola, Prisco & Vaughan			
	Dual Language - AM	Tu/Th	Eola			
	Dual Language - PM	M/W/F	Eola			
	PM	M/W/F	Eola			
Pre-K	AM	M-Th	Vaughan			
	AM	M-Th	Prisco & Eola			
	PM	M-Th	Eola			
	Fabulous Fridays - AM	F	Eola & Vaughan			
	Fabulous Fridays - PM	F	Eola			
					Total	

HOLD HARMLESS AGREEMENT

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 District, including its officials, agents, program instructors, volunteers and employees. I hereby authorize and give my consent to the District to photograph/video my child (or me), and without limitation, to use such photograph/video in connection with promoting/advertising the services, programs, and facilities of the district, without consideration of any kind. 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.

Signature: _____ Date: _____



FOX VALLEY PARK DISTRICT

NATURE PLAY REGISTRATION

BLACKBERRY FARM & RED OAK NATURE CENTER

OFFICE USE ONLY

Red Oak 3 - 4
Blackberry 3 - 4 - PK

Child's Name _____ Male Female Date of Birth _____

Address _____ Phone _____

Parent/Guardian 1: _____ Primary Phone: _____

Email Address: _____

Parent/Guardian 2: _____ Primary Phone: _____

Email Address: _____

Age	Program	Day(s)	Location	Activity Code	Registration Fee	Tuition
3s	AM	Tu/Th	Blackberry			
	AM	Tu/Th	Red Oak			
4s	AM	M/W/F	Blackberry			
	AM	M/W/F	Red Oak			
	PM	Tu/W/Th	Red Oak			
Pre-K	PM	M-Th	Blackberry			
Total						

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Signature: _____ Date: _____