

FOX VALLEY PARK DISTRICT Registration Form



Registrant Information

Main Contact Last Name _____ First Name _____
 Address _____ City _____ State _____ Zip Code _____
 Home Phone _____ Emergency Phone _____ Cell Phone _____
 Email _____

Participant's Name (First and last)	Birthdate	Grade	Gender	Activity Code	Course Name	2nd Choice Activity Code	3rd Choice Activity Code	Fee

Please list the names of any **family** member(s) needing special assistance to participate in the program(s) and what accommodations are needed: _____

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 photographs/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, waiver and release of all claims, and photo/video authorization. If registering online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

 Signature of parent/guardian or adult participant

 Date

Payment Information for Mail-in or Drop-off Registration

Please provide payment details below (do not complete if registering in-person). Mail to Prisco Community Center, 150 W. Illinois Ave., Aurora, IL 60506

<input type="checkbox"/> Check	Check # _____ Check Total \$ _____	MAKE CHECK(S) PAYABLE TO 'FOX VALLEY PARK DISTRICT'
<input type="checkbox"/> Credit Card (a FVPD representative will call you to collect credit card information)		

Fax: 630-897-6896 (we will call you for credit card information)

**Need another form? Download one from our website:
foxvalleyparkdistrict.org**