

FOX VALLEY PARK DISTRICT Registration Form



Registrant Information

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Participant's Name (First and last)	Birthdate	Gender	Activity Code	Course Name	Fee

Inclusion Services

The Fox Valley Park District is a member of the Fox Valley Special Recreation Association (FVSRA) and works collaboratively to provide reasonable modifications for individuals with disabilities who need assistance to participate successfully in programs.

Please list the names of participants requesting inclusion services, and a representative will contact you to complete an intake assessment. To provide the best customer service, we ask for at least two weeks' notice prior to the start of the program.

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 _____

Registration Options

1. Online Registration	2. In Person	3. By Mail
Online registration is available 24 hours a day, seven days a week. Visit foxvalleyparkdistrict.org and click on 'Online Registration'. If you have questions, please email us at fvpd@fvpd.net .	Registrations are accepted during office hours at any of the Park District's Community Centers. Payment options accepted are cash, check, Visa, MasterCard or Discover.	Mail your completed registration form and check payable to the Fox Valley Park District to: FVPD, 150 W. Illinois Ave., Aurora, IL 60506 ATTN: Brochure Registration