



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
Almost Ready for Preschool	1 Day	F	Eola			
2s	2 Day	M/W or T/Th	Eola			
	2 Day	Tu/Th	Prisco			
3s	AM	Tu/Th	Eola & Vaughan			
	AM	M/W/F	Eola & Prisco			
	Spanish Dual Language	Tu/Th (AM)	Eola			
	PM	Tu/Th or M/W/F	Eola			
4s	AM	M/W/F	Eola & Vaughan			
	Spanish Dual Language	M/W/F (PM)	Eola			
	PM	M/W/F	Eola			
Pre K	AM	M-F	Eola, Prisco & Vaughan			
	PM	M-F	Eola			
	Total					

Please note: The registration fee is non-refundable.

**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 - PK

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
<b>3s</b>	AM	Tu/Th	Blackberry			
	AM	Tu/Th	Red Oak			
<b>4s</b>	AM	M/W/F	Blackberry			
	AM	M/W/F	Red Oak			
<b>Pre-K</b>	PM	M-F	Blackberry			
	PM	M-F	Red Oak			
<b>Total</b>						

Please note: The registration fee is non-refundable.

### 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: \_\_\_\_\_