registration form

FAX • MAIL-IN • DROP-OFF • ONLINE WWW.WOODRIDGEPARKS.ORG
Participants should assume they are registered in a class unless they are contacted by the Park District.

WOODRIDGE PARK DISTRICT
IN-PERSON REGISTRATION: ARC, 8201 S Janes Ave, Woodridge, IL 60517
PHONE: (630) 353-3300
FAX: (630) 353-3409 *(credit card charges only)*

HEAD OF HOUSEHOLD (PLEASE PRINT):	Please check status: ☐ Resident ☐ Nonresident	
Full Name		
Primary Email Address*	Primary Phone*	
Address	City	Zip
Emergency Name	Emergency Phone	

**All communication from the Woodridge Park District will go to this email and phone.*

CODE #	PROGRAM NAME	FEE	REGISTRANTS FULL NAME	GENDER (M/F/OTHER)	BIRTH DATE (M/D/Y)	AGE (1ST CLASS DAY)
11785	8 & U Female					
11786	9 - 10 Female					
11782	11 - 12 Female					
11783	13 - 14 Female					
11784	15 - 18 Female					
11780	8 & U Male					
11781	9 - 10 Male					
11777	11 - 12 Male					
11778	13 - 14 Male					
11779	15 - 18 Male					

Woodridge Park District Waiver and Release of All Claims

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in the program(s) listed above, you will be waiving and releasing all claims for injuries you and your minor child/ward might sustain arising out of the program(s) listed above.

I recognize and acknowledge there are certain risks of physical injury to participants in the program(s) listed above and I agree to assume the full risk of any injuries, including death, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program(s) against the Woodridge Park District and its officers, agents, servants, and employees.

I do hereby fully release and discharge the Woodridge Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s) including transportation services and vehicle operations, when provided.

I further agree to indemnify and hold harmless and defend the Woodridge Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s). I have read and fully understand the details of the program(s) listed above and the above Waiver and Release of All Claims. If registering via fax, your facsimile signature shall substitute for and have the same legal effect as an original form signature.

Make checks payable to: Woodridge Park District

The Woodridge Park District strives to comply with the 1990 Americans With Disabilities Act (ADA). Please indicate if you or any member of your family needs special assistance or accommodations to participate in the programs listed on this form: ☐ YES ☐ NO

X _____
(Signature of parent, guardian, or adult participant) Date

X _____
(Signature of parent, guardian, or adult participant) Date

Office Use Only		Total
Date	Check	$
Cashier	Cash	
	CC	

Permission To Photograph And Videotape Participants Is Authorized By Your Signature On This Waiver

By signing this waiver, I understand that my child/ward or I may be photographed or videotaped at any Woodridge Park District program, event or facility. I give permission for photographs and videotapes of my child/ward or me to be used to promote the Park District through press releases, brochures, the web site, and other promotional materials. Such photographs and video-tapes will remain the property of the Woodridge Park District. Please tell the instructor and photographer if you do not want to be photographed.

This section must be filled out if you are using:

☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMEX

Cardholder Name _____

Exp. Date _____ CVV _____ Amount of Charge _____

"I authorize the Woodridge Park District to charge my VISA/MASTERCARD/DISCOVER/AMEX for program registration fees."

AUTHORIZED SIGNATURE

X _____

ACCOUNT # _____

FOR OFFICE USE ONLY: Cut at dashed line and destroy (shred) immediately after entering account number into registration system.