

Batavia Park District Registration Form

1 Primary Guardian Information

Choose One: Resident BNR Nonresident

First Name: _____ Last Name: _____ E-mail: _____

Street Address: _____ Subdivision: _____ City: _____ ZIP: _____

Home Phone #: () _____ Work/Emergency Phone #: () _____ Pager/Cell #: () _____

Check here if your address or phone number has changed.

2 Participant Information

First & Last Name	Sex	DOB	GR	Age	Program Code	Program Name	Day/Date/Time	Fee
	<input type="radio"/> M <input type="radio"/> F							
	<input type="radio"/> M <input type="radio"/> F							
	<input type="radio"/> M <input type="radio"/> F							
	<input type="radio"/> M <input type="radio"/> F							
	<input type="radio"/> M <input type="radio"/> F							
	<input type="radio"/> M <input type="radio"/> F							

Yes! I would like to make a donation to the program scholarship fund of the Batavia Parks Foundation. \$3.00

3 Payment Information

Cash Check **OR** Credit Card: VISA Mastercard Discover

Amount Paid \$ _____ Card Number: _____ Security Code: _____ Expiration Date: _____

Please make checks payable to _____
Batavia Park District Check # _____

Card holder (print name): _____
Authorized Signature: _____

4 Persons with disabilities: The Park District makes reasonable accommodations for persons with disabilities to participate. Please specify below any adaptive equipment, personnel or other accommodations you need to participate in a program for which you have registered. _____

5 Important Information

You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

Waiver and release of all claims and assumption of risk

Please read this form carefully and be aware that in signing up and participating in the use of the above program you will be waiving and releasing all claims for injuries you or your minor child might sustain arising out of the activities of this program (including transportation services, when provided).

"As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I or my minor child may sustain as a result of participating in any and all activities connected with or associated with such program."

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

"I do hereby fully release and discharge the park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damages of loss which I or my minor child may have or which may accrue to me or my child on account of participation."

I have read and fully understand the above Program Details and Participation Agreement.

Signature of Participant (18 & up) or Primary Guardian _____ Date _____

Fax this form to: 630-879-9537 • See page 105 for other registration options.