

## Geneva Park District Program Registration tern Avenue ~ Geneva, IL 60134 ~ P: 630-232-4542 ~ F: 630-232-4569 ~ genevaparks.org

Last Name		(Adult) First Name											
Address					_ City			State 2				ip	
					Alternate Phone								
Email Address					Work Phone								
Particip	ants Name	Birth Date	Age/Grade		Program Na	me			Cod	le#			Fee
Refunds must be su	ıbmitted 2 weeks prior i	to the 1st day of class.	•	•						Total	Foos		
												<u> </u>	
		The Park District manmodations you need						partic	ipate. P	lease sp	ecify any	r adapt	ive
he Geneva Park District ( Il participants follow saf vhen choosing to particip	the "Park District") is commit ety rules and instructions tha pate in recreational activities.	R AND RELEASE Of ted to conducting its recreation it are designed to protect the produce of the conduction of the conduction in the conduc	on programs and activit participants' safety. How determining if you or y	ies in a safe manı wever, participan our minor child/v	s and parents/guardians vard are physically fit and	of minors register	ing for this prog	gram/act	ivity must	recognize th	at there is a	n inheren	t risk of injury
WARNING OF R decreational activities are erious injury when partic	ISK intended to challenge and e cipating in any recreational a	engage the physical, mental an ctivity. Depending on the parti ctive equipment, failure in sup	d emotional resources icular activity, certain r	of each participal isks and dangers	nt. Despite careful and pro may exist due to incleme	t weather, slips a	nd falls, poor sl	cill level	or conditio	ning, careles			
WAIVER AND R lease read this form care hild/ward might sustain isks of physical injury to Il activities connected w gainst the Park District, i ninor child/ward or I may nd fully understand the.	ELEASE OF ALL CI fully and be aware that in sig as a result of participating in participants in the program(s ith or associated with the pro noluding its officials, agents, r have or which may accrue to above important information	LAIMS AND ASSUI gaing up and participating in to any and all activities connecte s)/activity(ies), and I voluntaril ogram(s)/activity(ies). I further volunteers and employees (he or my minor child/ward a h, warning of risk, assumption ED If the signature of adult pu	MPTION OF RI he Program(s), you wil ed with and associated ly agree to assume the ragree to waive and rel ereinafter collectively re and arising out of, conn of risk and waiver and	SK I be expressly ass with the progran full risk of any inj linquish all claims eferred as "Parties ected with, or in release of all clair	uming the risk and legal I n(s)/activity(ies) (includin uries, damages or loss, re I or my minor child/warc "). I do hereby fully releas any way associated with t ns. If registering on-line o	ability and waivir g transportation s Jardless of severit may have (or acc e and forever disc the program(s)/ac	ng and releasing services, when p y that my mino rue to me or my sharge the Parti tivity(ies). I furt	g all clair provided r child/w y child/w es from ther inde	ns for injur ). I recogni: vard or I ma vard) as a re any and all emnify and	ies, damage ze and ackno ny sustain as esult of parti claims for ir hold harmle	owledge that a result of p icipating in t njuries, dam ess the Park	at there ar participati this progra ages or lo District. I	e certain ng in any and am/activity ss that my have read
PHOTO/VIDEO	DISCLAIMER: All p	articipants permit the taking o als and social media avenues.	of photos and/or videos	of themselves ar	d their child/ward during						acilities for	publicatio	n and use as
				PAYN	ΛENT								
Please indicat	e your choice of p	payment:		c	ard Number			П	$\top$		П	П	
☐ Check ☐	Cash   Credi	it Card			Expirat	ion Date				CV	V Code		
	facsir	<i>NOTE:</i> Faxed reginal regional regional registration documents (in			en registering by fax, it is ns) shall substitute for an			he origir	nal form.				
				SIGN	ATURE								
		ce Liability waiver of District programs.								-		-	
Signature of Pa	articipant, Parent oit Card Holder if	or Guardian	,							ate		ıy.··	
Office Use Only	Prepared by:	Date:			Amount:				P	mt Meth	od:		
	Copy given to:		for: Sp	ecial Needs	Personal Training	Priv. Less	on RB/WI	B Leag		ner			