

Program Registration

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in Marengo Park District program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of Marengo Park District program(s). I recognize and acknowledge that there are certain risks of physical injury to participants in Marengo Park District program(s) and I agree to assume the full risk of any injuries including death, damage, 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 such program(s). I further agree to indemnify and defend the Marengo Park District and its officers, agents, servants and employees from any and all claims resulting from injuries including death, damage, and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the program. If you are pregnant or have an illness, you must present a doctor's release notice to continue with the program. In the event of any emergency, I authorize Marengo Park District officials to secure from any licensed hospital, physician, and/or mental personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

Registration will be accepted by mail. You may mail your form to Marengo Park District, P.O. Box 292, Marengo, IL 60152. Photos and videos are periodically taken of participants in park programs. All participants registering for park programs thereby agree that any photo taken may be used for Park District purpose. There will be a \$5.00 cancellation fee unless we cancel the program or at the discretion of the Park Director. There will be NO refund at the conclusion of the program. There will be a \$25.00 charge for all returned checks or auto debits returned for non-sufficient funding.

Marengo Park District Registration and Payment

(Please Print)

Program Name: _____ Can you Coach? _____

Coach's Name: _____

Name: _____ M _____ F _____ Birthdate: _____

Address: _____

City, State, Zip: _____

School: _____ Grade: _____

Home Phone Number: _____ Work Number: _____

(Please Print) Contact Name: _____

Email Address: _____

10% Family Discount applies for 2 or more family members registered for the same program session.

I have read and fully understand the Program Details, Waiver and Release of all Claims and permission to secure treatment on the line below.

Signature of participant or parent/guardian:

FOR OFFICE USE ONLY:

Registration Date: _____ Receipt #: _____ Amount: _____