Please e-mail us at parkdistrict11@comcast.net if you'd like to receive updates/news via e-mail. All e-mail addresses are confidential.

Registration

Head of Family: Last Name, First Name

Spouse (If applicable)

Address

City Zip

E-Mail Address

Registration may be faxed to 630-920-1973

Home Phone

Cell Phone

Work Phone

Emergency Phone

15 W 400 Harvester Dr.
Burr Ridge, IL 60527
Phone 630-920-1969
Fax 630-920-1973
E-mail info@brparks.org
Internet www.brparks.org

First Time Registrants: Please Complete the Following Section

CHILDREN'S NAMES	M/F	DATE OF BIRTH REQUIRED (Mo/Day/Yr)	ALLERGIES AND/OR SPECIAL ASSISTANCE NEEDS

Registration Payment Method: ❍ A check made payable to **Burr Ridge Park District** is attached. ❍ VISA ❍ Mastercard

Credit Card Information is not kept on file. Authorized Signature _____

Card Number | | | | | - | | | | | - | | | | | - | | | | | EXP: _____

The Following Section Must Be Completed in Full

CODE	PROGRAM TITLE	PARTICIPANT'S NAME	AMOUNT DUE
			$
			$
			$
			$
			$
			$
			$
			$

A $3.00 fee must be charged for all cancellations due to BRCC policy. TOTAL AMOUNT _____

PHOTO INFORMATION
On occasion, the park district staff or local newspaper photographers may take pictures of participants in our programs, classes, or events. Please be aware that these pictures are only for Park District use, most likely in future catalogues, brochures, pamphlets, flyers, website or for publication in a local newspaper.

IMPORTANT INFORMATION
The Burr Ridge Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Burr Ridge Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.
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 or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK
Recreational activities/programs are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen.
Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to outdoor and indoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Burr Ridge Park District to guarantee absolute safety.

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 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/vehicle operation, 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 risk of any and all injuries, damages or loss, regardless of severity, that my child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Burr Ridge Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as Burr Ridge Park District).

I do hereby fully release and forever discharge the Burr Ridge Park District from any and all claims for injuries, damages, or loss that minor child/ward or I may have or which may accrue to me or my child/ward and arising out of, connected with, or in any way associated with this program/activity.

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, your online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

_____
Parent/Legal Guardian Signature (over 18 years)

_____
Date