



# Program Registration Form

Family Last Name: \_\_\_\_\_  Yes, I will volunteer coach!  
(please list all names in household)

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact 1 & Phone Number: \_\_\_\_\_

Emergency Contact 2 & Phone Number: \_\_\_\_\_

Allergies or Special Needs: \_\_\_\_\_

T-Shirt Size for Youth Athletics/please specify YOUTH or ADULT size: \_\_\_\_\_

| PROGRAM TITLE    | CODE # | PARTICIPANT LAST, FIRST NAME | PARTICIPANT AGE | PARTICIPANT DATE OF BIRTH | PROGRAM FEE |
|------------------|--------|------------------------------|-----------------|---------------------------|-------------|
|                  |        |                              |                 |                           |             |
|                  |        |                              |                 |                           |             |
|                  |        |                              |                 |                           |             |
|                  |        |                              |                 |                           |             |
| <b>TOTAL DUE</b> |        |                              |                 |                           |             |

### PLEASE READ & SIGN WAIVER TO COMPLETE REGISTRATION

Be aware that in signing this form and participating in the program/activity, you will be assuming the risk of injury as well as waiving and releasing all claims for injuries, damages, or losses which you or your ward might sustain during all events associated, including transportation service (when provided).

The Lena Community Park District is committed to conducting its recreation programs and activities in a safe manner, and we hold safety of participants in high regards. We continually strive to reduce risks, if possible and insist that all participants follow safety rules and instructions designed to protect the participant's safety.

Despite proper and careful preparation, instruction, medical advice, conditioning, and proper equipment, there is still a risk of serious injury when participating in any recreational activity. Not all hazards and dangers can be foreseen. Participants, or those who permit wards to participate, must understand that certain risks, dangers, and injuries may not be due to inclement weather, other "acts of God", slipping, falling, routine equipment failure, inability of any supervisor to observe at all times or other circumstances inherent in life and to recreational activities. It must be recognized that it is impossible for the Lena Community Park District to guarantee absolute safety.

**Photo Policy:** The Park District staff may take photographs or video of participants in our programs or events or of people in our parks. I do hereby grant permission for my/our participant's photograph and/or video to be used in promotional materials related to the Lena Community Park District. Promotional materials include but are not limited to: program guides, advertising, website, Facebook, email newsletter, in house publications.

You are solely responsible for determining if you and/or your ward are physically fit and/or skilled for the program identified above. It is always advisable, especially if the participant is pregnant, disable in any way or recovering from a recent illness, injury, or impairment, to consult a physician before undertaking any physical activity. By signing this form, you are certifying to the Lena Community Park District that you have authority to act as guardian of your ward. I recognize and acknowledge there are certain risks of injury to participate in the program and I voluntarily agree to assume full risk of and all injuries, damages, or losses, regardless of severity, which I or my ward may sustain as a result of participating in this activity, whether known or unknown present or future. This release shall extend to and be for the benefit of the Lena Community Park District's officials, agents, employees, and volunteers.

I HAVE READ AND FULLY UNDERSTAND THE INFORMATION ABOVE, WARNING OF RISK & RELEASE OF ALL CLAIMS.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*note: participation will be denied if the signature of adult participant or the parent/legal guardian and the date are not completed.*

|  |                |                       |
|--|----------------|-----------------------|
| <b>OFFICE USE ONLY</b>                                       |                |                       |
| Cash Amount: _____   | Check #: _____ | Check Amount: _____   |
| Charge Card: ___ Visa ___ Master Card ___ Discover ___ Am Ex |                | Charge Amount: _____  |
| Registration Form Total: _____                               |                | Staff Initials: _____ |