

REGISTRATION FORM

In person registration will take place at the Chicago Heights Park District, 1400 Chicago Road, Chicago Heights, IL. Program fees are due at time of registration. Payment options include Visa, Mastercard, and Discover. Debit, money order, or cash.

First & Last Name:			To	day's Date				
Address:		Primary Phone:						
City/Zip:		Cell Phone:						
Email:		Date of Birth:						
American Disabilities Act (ADA) compliance statement -	In compliance w	ith the Ame	rican Disabi	lities Act, th	e Chicago H	eights Park	
District will make all reasonable	le efforts to accommodat	e a person with o	lisabilities. F	Please indica	ate on this fo	orm any spe	cial needs.	
Participant's First	Program	Date of Birth	Gender	Age	Grade	Fee	Shirt Size	
& Last Name								
			** * * * *		- D 16	0.11		
Waiver Release of all claims a Please read this form carefully and							vairving and	
releasing all claims for injuries aris								
also refer to parents or guardians as well as participants in the programs. In registering for these programs, you are agreeing as follows:								
☐ As a participant in these program								
any injuries, damages, or loss that I programs. I further recognize and a								
and involve substantial risks of inju		involving strenuou	s exertion of p	olemiai com	aci ale nazaiu	ous recreation	iai activities	
☐ I agree to waive and relinquish a	-	as a result of partic	ipating in the	se programs a	against the Ch	icago Heights	s Park	
district and all other participating o								
governmental bodies and independentiable for any injuries that I might s								
released parties in the remainder of		mese programs (11	e parties desc	moed in the p	receding seme	ence are refer	ied to as the	
☐ I do hereby fully release and discharge the Chicago Heights Park District and the other related parties from any and all claims for injuries, damage,								
or loss that I may have, or which m								
☐ I further agree to indemnify, hold								
claims resulting from injuries, dam and the activities of these programs		anyone and arising	out oi, conne	ected with, or	any way asso	ciated with m	y conduct	
☐ I further understand and agree th		oation", "programs"	, and "activiti	es" referred t	o in the agree	ment include	all exercises	
and physical movements of any nat								
instructions or supervision, the use of adjustment of any and all machinery, equipment, apparatus, and anything related to my use of the services, facilities, or premises in these programs and transportation to and from any events.								
□ I understand the nature of these programs for which I am registering and have read and fully understand the Waiver Release and Hold Harmless								
Agreement. I further understand that	at any advertisements or warr	nings of particular r						
incorporated by reference into and								
☐ All photographs, video recording made during Chicago Heights Park								
Park District. I/We jointly and seve								
harmless and to indemnify the Park	District from all claims, cos							
way associated with the photos identified in this paragraph. Parent Guardian Signature (if participant is under 18 years of age)								
Parent Guardian Signature (11 partic	cipant is under 18 years of ag	(e)						
Parent/Guardian Signature (MUS	ST SIGN if participant is unde	er 18 years of age)			Today's Dat	e		
3 3	, ,	, , , , , , , , , , , , , , , , , , , ,			,			
Parent/Guardian Name (PLEASE PRINT)				Today's Date				
Participant Signature (MUST SIG	N if 18 years or older)				Today's Dat	e		
						· -		
OFFICE LISE ONLY								

Staff Initials:

Recorded:

□Cash □Credit\$

Chicago Heights Park District – 12/29/2022

Receipt #: