

Program Registration Form-Westmont Park District

Home Phone _____
 Cell Phone _____
 Family Last Name _____
 Address (street) _____
 City _____ Zip _____
 Business Phone/Name _____
 Emergency Phone/Name _____
 E-Mail Address: _____

Mail Registration Form to:
Westmont Park District
75 East Richmond Street
Westmont, IL 60559
OR FAX:
630-963-5259
Registration forms not
filled out completely
and correctly will not be processed
and will be returned by mail.

The Westmont Park District desires to meet the leisure needs of all our residents. If you or a family member require special assistance in enjoying any of our programs, please check the box at the left. We will do our best to accommodate your requests.

CODE NUMBER	PROGRAM TITLE	REGISTRANT'S FIRST/LAST NAME	REGISTRANT'S BIRTH/GRADE	PROGRAM FEE

Account Number - Must complete when using Credit Card	Cardholder Name _____
<input style="width: 100%;" type="text"/>	Charge Amount _____ Exp. Date _____
Authorized Signature _____	(Please circle one)
Must have signature to be processed	

In an attempt to update our records, we are asking that all registrants complete this entire registration form upon registration.

FOR OFFICE USE ONLY

Date _____ Cashier _____

Cash _____ Check # _____

Make Checks Payable To: Westmont Park District

WESTMONT PARK DISTRICT WAIVER/RELEASE OF ALL CLAIMS & EMERGENCY TREATMENT PERMISSION

Please read this form carefully and be aware that by signing this form and participating in the programs listed that you will be waiving and releasing all claims for injuries you or your children might sustain arising out of these programs.

RELEASE

As a participant in this Westmont Park District program, I recognize and acknowledge that there are certain risks of injury and I waive and relinquish all claims I or my children may have as a result of participating in this program against the Westmont Park District and its officers, agents, servants and employees. I further agree to indemnify, hold harmless and defend the Westmont Park District and its officers, agents, servants and employees from any and all claims sustained or caused by myself or my children arising out of, connected with, or in any way associated with the activities of this program.

I give my child permission to participate in this program, and on the child's behalf as parent and/or legal guardian I hereby waive, release and forever discharge any and all claims against the Westmont Park District or its commissioners, employees or volunteers for damages and/or injuries which may arise from my child's participation in the program.

EMERGENCY TREATMENT PERMISSION

I understand that a minor may not be treated, even in an emergency situation, except when, in the opinion of the attending physician, life is in the balance. Consent of a parent or legal guardian is necessary for unmarried minors under 18. Written consent is required for all other treatment. Accordingly, as a parent and/or legal guardian, I do herewith authorize the treatment of the minor enrolling in this program in the event of a medical emergency.

ACKNOWLEDGMENT

I have read and fully understand Registration Policies, the "Release and Hold Harmless Agreement", and the "Emergency Treatment Permission". This release and medical authorization form is complete and signed of my own free will even though I understand it is a requirement for participation in this program.

Participant, Parent or Legal Guardian _____ **Date** _____

Participant, Parent or Legal Guardian _____ **Date** _____

(This waiver must be signed by adults 18 years old and over)