



Sugar Grove Park District Registration Form

61 S. Main Street • 630-466-7436 • Fax 630-466-8675 • SGPARKS.ORG

Please check here if the Primary Guardian Information has change.

1 PRIMARY GUARDIAN INFORMATION

First Name: _____ Last Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Emergency Phone: _____ Cell phone: _____

2 PARTICIPANT INFORMATION

Participant's Name	M/F	Birth Date	Grade	Class Code / Session	Program Name	Fee

3 INCLUSION SERVICES

If the participant has a disability and will need reasonable accommodations to participate in the Park District program, **please check this box.**
 Accommodations may include additional training to park district staff, program adaptations, modified equipment, and when necessary, an inclusion companion to assist the registrant. In order to provide the best customer service, we ask for at least two weeks' notice prior to the start of the program.

4 IMPORTANT INFORMATION

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, injury or impairment, to consult a physician before undertaking any physical activity. You are responsible for reviewing our refund policies.

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 the use of the above program you will be waiving and releasing all claims for injuries you or your minor child might sustain arising out of the activities of this program (including transportation services, when provided). "As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I or my minor child may sustain as a result of participating in any and all activities connected with such program." "I agree to waive and relinquish all claims I or my minor child may have as a result of participating in the program against the Park District and its officers, agents, servants and employees." "I do hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damages

5 PAYMENT INFORMATION

Cash Check (Payable to Sugar Grove Park District) Check # _____ Total Fees \$ _____

Card # _____ Exp. Date _____ CVV _____

NOTE: Faxed registration must be paid by credit card. When registering by fax, it is mutually understood that the facsimile registration documents (including the waiver & release of all claims) shall substitute for and have the same legal effects as the original form.

I have carefully read the Insurance Liability waiver on this form and understand that my signature is required below in order for myself or my child/ward to participate in the Sugar Grove Park District programs. My signature also authorizes payment via the credit/debit card number if provided for payment.

Signature of Participant, Parent or Guardian and Credit/Debit Card Holder if applicable _____
 Signature _____ Date _____