

Registration Form



VILLA PARK | Parks and Recreation

Has your contact information changed since your last registration? Yes No

First and Last Name of Primary Contact Person _____ Birthdate _____
(Required)

Address _____

City _____ State _____ Zip Code _____

Primary Phone _____ Cell Phone _____ E-mail Address _____

Emergency Name _____ Phone _____

PARTICIPANT'S FIRST/LAST NAME	BIRTHDATE M/D/Y	MALE/FEMALE	ACTIVITY NAME	ACTIVITY SESSION DAY/DATES	ACTIVITY #	FEE
						\$
						\$
						\$
						\$
						\$
<input type="checkbox"/> Yes! I would like to make a donation to the VPRD Financial Assistance Fund.					TOTAL DONATION	\$
						Non-Resident Fee \$3/person per program
					TOTAL FEES	\$

PLEASE SEE WAIVER ON THE REVERSE SIDE

Please read the waiver/release of all claims and emergency treatment permission form on the reverse side. This waiver/release must be read and signed by each participating adult 18 years and over, and by a parent or legal guardian for each participant under the age of 18.

WAIVER AND RELEASE

I have read and agree to all the terms and conditions as stated on the back of this form.

Signature of Participant, Parent or Legal Guardian _____ Date _____

MAIL-IN / DROP OFF / FAX

Iowa Community Center
338 N. Iowa Ave.
Villa Park, IL 60181
FAX: 630.834.8982

SPECIAL ACCOMMODATIONS

Please describe any special accommodations needed for the enjoyment of this program.

Participation will be denied if the signature of adult participant or parent/guardian and date are not on this waiver!

Emergency Treatment Permission

Village of Villa Park Recreation Department

WAIVER / RELEASE OF ALL CLAIMS AND 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 AND HOLD HARMLESS AGREEMENT

As a participant in this Villa Park Recreation Department 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 Village of Villa Park and its officials (either elected or appointed), commissioners, officers, agents, employees, and volunteers. I further agree to indemnify, hold harmless and defend the Village of Villa Park and its officials (either elected or appointed), commissioners, officers, agents, employees, and volunteers from and against any and all claims, suits, or cause of actions, including reasonable attorney's fees, sustained or caused by myself or my children arising out of, in connection 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 Village of Villa Park and its officials (either elected or appointed), commissioners, officers, agents, employees, and volunteers for damages and/or injuries which may arise from my child's participation in this 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) except in such cases. Written consent is required for all other treatment.

Accordingly, as a parent and/or legal guardian, I do here- with authorize the treatment of the minor enrolling in this program in the event of a medical emergency, including administration of first aid, as appropriate, and further agree that I will be responsible for payment of any and all medical services rendered. I understand that the Village does not provide medical insurance for program participants.

I agree that any person or entity, including any doctor, or healthcare provider, may rely on a photocopy of this document the same as if it were an original.

ACKNOWLEDGMENT

I have read and fully understand the registration policies, the "Release and Hold Harmless Agreement" and the "Emergency Treatment Permission". This release and medical authorization form is completed and signed of my own free will even though I understand it is a requirement for participation this program. I represent to the Village of Villa Park that I am familiar with the program and its physical demands and I attest and verify that the participant, whether myself or my child is physically fit for this program.

PHOTO CONSENT

I understand and give my consent for me/my child to be photographed while participating in a Village of Villa Park program or event. I understand that these photos may be used in printed material, electronically as well as on the Park and Recreation web site for publicity purposes

This waiver must be signed by all participating adults 18 years old and over, and by a parent or guardian for each participant under age 18. If registering a minor participant, I further attest that I have read these instructions to my minor child/ward.