

REGISTRATION FORM PROGRAM & PELICAN PASS

Adult/Guardian _____ Date _____
 (Please Print) First Last

Address _____ City _____ Zip _____

Phone Home (____) _____ - _____ Cell (____) _____ - _____ Work (____) _____ - _____

Email Address _____ I want to receive park district updates via email: YES NO

PROGRAM and PELICAN PASS REGISTRATION


Mail or bring to: Annerino Community Center 201 Recreation Drive, Bolingbrook, IL 60440 or
 Bolingbrook Recreation & Aquatic Complex 200 S. Lindsey Lane, Bolingbrook, IL 60440
Please make checks payable to the Bolingbrook Park District.

We invite registrations by people with disabilities. If you need assistance to participate, please mark an "x" in YES box. YES NO

CODE	PARTICIPANT'S/ PASS HOLDERS NAME	BIRTHDATE	GENDER	FEE	PROGRAM NAME	DAY	TIME

Would you like to make a donation to the Bolingbrook Park District's Financial Aid Program?
 NO YES - please select which amount: _____ \$1 _____ \$5 _____ \$10 _____ Other (\$ _____)

TOTAL
\$

 **PHOTO:** I understand that my child/ward or I may be photographed or videotaped while participating in a Bolingbrook Park District program or facility. I give permission for photos and videotapes of my child/ward or me to be used to promote the Park District. Such photos and videotape will remain the property of the Bolingbrook Park District.

WAIVER AND RELEASE FOR PARTICIPANTS OR/BY PARENT

Must be signed by parent if under 18.
 Please read this form carefully and be aware that in signing up and participating in this program/activity, you will expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Bolingbrook Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "Bolingbrook Park District").

I do hereby fully release and forever discharge the Bolingbrook Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering online, your online signature shall substitute for and have the same legal effect as an original form signature.

Signature _____ Date _____
 (18 years or older or Parent/Guardian)

Note: The Bolingbrook Park District does not carry medical or accident insurance for its participants. The cost of such insurance would make programs cost prohibitive. We suggest that you look at your own insurance policy to be sure you are adequately covered. The Park District assumes no responsibility for personal injuries or loss of personal property.