

**First time registrants, please complete the household information on the reverse side of this form for ALL members of your household.**

Family Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Participant's Last Name	Participant's First Name	Activity Code	Activity Name/ * Pass Type	Day	Time	Fee
Total:						\$

Please list all the names of the participants included in any \*pass type.

**For patron's security, we will no longer write down credit card numbers during the payment process. Please hand your card to the clerk to process payments.**

Payment Method:  Cash  Check  Visa  M-Card  Discover  H/H Balance

Check # \_\_\_\_\_

**Refund Policy can be found in brochure**

**WAIVER AND RELEASE OF ALL CLAIMS**

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the program(s) listed above, you will be waiving and releasing all claims for injuries you and/or your child/ward might sustain arising out of the program(s) listed above. I recognize and acknowledge that there are certain risks of physical injury to participants in the programs(s) listed above and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims I or my child/ward may have against the Park District and its officers, agents, servants and employees as a result of participation in any of the program(s) listed above. I hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation of my child/ward in any of the programs listed above. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages and losses sustained by me or my child/ward, and arising out of, connected with, or in way any associated with the activities of any of the programs(s).

**PERMISSION TO PHOTOGRAPH AND VIDEOTAPE PARTICIPANTS IS AUTHORIZED BY YOUR SIGNATURE ON THIS WAIVER.**

By signing this waiver, I understand that my child/ward or I may be photographed or videotaped at any Westchester Park District program, event or facility. I give permission for photographs and videotapes of my child/ward or me to be used to promote the Park District through press releases, brochures, the website, and other promotional materials. Such photographs and videotapes will remain the property of the Westchester Park District. Please tell the instructor and photographer if you do not want to be photographed.

**I have read and fully understand the above waivers and release and refund policy acknowledgment.**

**AMERICANS WITH DISABILITIES ACT**

**The Westchester Park District strives to comply with the 1990 Americans with Disabilities Act. Please indicate if you or any member of your household needs special assistance or accommodation to participate in the programs listed on this form. \_\_\_\_\_ Yes \_\_\_\_\_ No**

\_\_\_\_\_  
Signature of parent, guardian or adult participant

\_\_\_\_\_  
Date

**(OVER)**

## Household Account Information

### Primary Guardian

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Primary e-mail address:

\_\_\_\_\_@\_\_\_\_\_

Secondary e-mail address:

\_\_\_\_\_@\_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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### Other Household Members

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Nick Name: \_\_\_\_\_ Gender: M F

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Additional e-mail:

\_\_\_\_\_@\_\_\_\_\_

### Other Household Members

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Nick Name: \_\_\_\_\_ Gender: M F

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Additional e-mail:

\_\_\_\_\_@\_\_\_\_\_

### Secondary Guardian

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Primary e-mail address:

\_\_\_\_\_@\_\_\_\_\_

Secondary e-mail address:

\_\_\_\_\_@\_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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### Other Household Members

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Nick Name: \_\_\_\_\_ Gender: M F

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Additional e-mail:

\_\_\_\_\_@\_\_\_\_\_

### Other Household Members

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Nick Name: \_\_\_\_\_ Gender: M F

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Additional e-mail:

\_\_\_\_\_@\_\_\_\_\_