Geneva Park District Program Registration

710 Western Avenue Geneva, IL 60134 630-232-4542 Fax 630-232-4569
Register on-line at www.genevaparks.org

Last Name _____ **(Adult) First Name** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

Email Address _____ **Work Phone** _____

Participants Name	Birth Date	Age/ Grade	Class Choice	Program Name	Class Code #	Fee
			☐ 1st Choice ☐ 2nd Choice			
			☐ 1st Choice ☐ 2nd Choice			
			☐ 1st Choice ☐ 2nd Choice			
			☐ 1st Choice ☐ 2nd Choice			
			☐ 1st Choice ☐ 2nd Choice			
			☐ 1st Choice ☐ 2nd Choice			

Refunds must be submitted 2 weeks prior to the 1st day of class. **Total Fees**

PERSONS WITH SPECIAL NEEDS: The Park District makes reasonable accommodations for persons with special needs to participate. Please specify any adaptive equipment, personnel or other accommodations you need to participate in a program for which you have registered.

INSURANCE LIABILITY WAIVER: The Geneva Park District, a member of Park District Management Association, is complying with the Association's regulation by including a waiver and release of all claims form, to be signed by adults, 18 years and over when registering for a program or registering their minor child/ward for participation in a program. This regulation is an attempt to hold down insurance costs and assure adequate coverage for the Agencies programs and services. Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the program/programs, you will be waiving and releasing all claims for injuries you or your child/ward sustain arising out of the program/programs. "I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s) and I agree to assume the full risk of any such injury, 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 program(s). I waive and relinquish all claims I or my child/ward may have against the Geneva Park district and its officers, agents, servants and employees as a result of participating in any of the program(s). I hereby fully release and discharge the Geneva 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 or the participation of my child/ward in any of the program(s). I further indemnify and hold harmless and defend the Geneva Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages and losses sustained by me or by my child/ward; and arising out, connect with, or in any way associated with the activities of any program(s). I have read and fully understand the program details and waiver and release of all claims." **PHOTOS:** I understand that my child/ward, my family or myself may be photographed or videotaped by participating at a Geneva Park District facility or in a program or event. I give permission to photos and videotapes of my child/ward, family or myself to be used to promote the Geneva Park District. Such photos/videotapes will remain the property of the Geneva Park District. Please call us with any questions at 630-232-4542.

PAYMENT

Please indicate your choice of payment:

☐ **Check** ☐ **Cash** ☐ **Visa** ☐ **Mastercard**

Card Number | | | | | | | | | | | | | | | | |

Expiration Date | | | | |

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.**

SIGNATURE

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 Geneva Park District programs. My signature also authorizes payment via the credit/debit card number provided for payment.

Signature of Participant/Credit/Debit Card Holder or Parent/Guardian: _____ **Date** _____

Office Use Only							
	Prepared by:	**Date:**	**Amount:**				
	Copy given to:	**for:**	**Special Need**	**Personal Training**	**Private Lesson**	**RB/WB League**	**Other**_____