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			
			☐ 1st Choice ☐ 2nd Choice			
					Total Fees	

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

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 Risk Management Association, is complying with the Association's regulation by including a waiver and release of all claims forms, 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 might sustain arising out of the program/programs. "I recognize and acknowledge that there are certain risks of physical injury to participants in the programs) 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 programs). 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 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 programs). I further agree to 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 my child/ward, arising out, connected with, or in any way associated with the activities of any of the programs). 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 for 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.

I have carefully read the insurance liability waiver above and understand that my signature is required below in order for myself or my child/ward to participate in Geneva Park District Programs.

Signature of Participant or Parent/Guardian _____ **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.

Please indicate your choice of payment:

☐ Check ☐ Cash ☐ Visa ☐ Mastercard

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiration Date ☐☐☐☐

_____
Signature of Credit Card Holder Required for Authorization

Office Use Only	Prepared by:	Date:	Amount: