

GENEVA PARK DISTRICT KINDERZONE PROGRAM REGISTRATION

710 Western Ave., Geneva, IL 60134 (630) 232-4542 Fax (630) 232-4569

Visit our Website at www.genevaparks.org

Last Name _____ First Name _____

Address _____ City _____ Zip _____

Home Phone No. _____ Emergency Phone No. _____

Email Address _____ Date _____

Participant's Name	Birth Date	Grade in 2010/2011 (Circle AM or PM)	School Attended	Program Name	Time (Circle One)	Days Attending (Please Circle)	Registration Fee
		K AM PM		Kids' Zone	<u>AM Kinder</u> AM PM Part Day PM Full Day <u>PM Kinder</u> AM Full Day AM Part Day PM	Full Time (M-F) Part Time (3 Days) M T W TH F	\$35
		K AM PM		Kids' Zone	<u>AM Kinder</u> AM PM Part Day PM Full Day <u>PM Kinder</u> AM Full Day AM Part Day PM	Full Time (M-F) Part Time (3 Days) M T W TH F	\$35
Total Fees							

Special Accommodations: The Park District makes reasonable accommodations for persons with disabilities to participate. Please specify any adaptive equipment, personnel or other accommodations you need to participate in a program for which you have registered.

I have carefully read the insurance liability waiver below 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 _____

INSURANCE LIABILITY WAIVER FORM

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 program(s) 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 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 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 program(s). I have read and fully understand the program details and waiver and release of all claims."

Please indicate your choice of payment: NOTE: Only registrations paid by credit card are accepted by FAX. 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.	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard Expiration Date: _____ Credit Card #: _____
Signature of Credit Card Holder: _____	
Signature required for credit card authorization	
Office Use Only: Prepared by: _____ Date _____ Amount _____	