

# REGISTRATION FORM

VILLA PARK • Parks and Recreation

REGISTRATION

Please check if this is a new address.

First and last name of head of household \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

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

Primary Ph. \_\_\_\_\_ Secondary Ph. \_\_\_\_\_ Other Ph. \_\_\_\_\_

E-mail address \_\_\_\_\_

Emergency Name \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE NOTE:** In case of class cancellation, a message will be left if we are unable to speak to you.

Participants First/Last Name	Birthdate M/D/Y	Program Name	Code Number	Dates	Fee	
						IP WL
						IP WL
						IP WL
						IP WL
<b>Please complete if you are using Visa or Mastercard</b> <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard Cardholder Name (please print) _____ Card No _____ Exp Date _____ Authorized Signature _____			<b>Non-Resident Fee</b> \$3/person per program			
			<b>Less Early Bird Discount</b>			
			<b>Voluntary Contribution to Financial Assistance Fund</b>			
			<b>Total Fees</b>			

*Please sign the reverse side of this form.*

### Babysitting

Please complete if you will be utilizing the Babysitting Service for applicable programs. This service applies to children between the ages of 6 weeks to 6 years only. A fee of \$1 per class meeting per child will be applied.

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

### Special Accommodations

Please describe any special accommodations needed for the enjoyment of this program.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please read and sign the waiver/release of all claims and emergency treatment permission form on the reverse side. This waiver/release must be read and signed by each participating adult 18 years and over, and by a parent or legal guardian for each participant under the age of 18.*

### Mail-In/Drop Off/Fax

**Drop-off or mail in:**  
Iowa Community Center  
338 North Iowa Avenue  
Villa Park, IL 60181

**FAX** to 630-834-8982

or  
Community Recreation Building  
320 East Wildwood Avenue  
Villa Park, IL 60181

**FAX** to 630-834-8528

*For office use only*

Date Received \_\_\_\_\_ ICC

Date Processed \_\_\_\_\_ CRB

Amount Received \_\_\_\_\_

Cash \_\_\_\_\_ Check \_\_\_\_\_

**EMERGENCY TREATMENT PERMISSION**

Village of Villa Park Recreation Department

**Waiver/Release of All Claims and Emergency Treatment Permission**

Please read this form carefully and be aware that by signing this form and participating in the programs listed that you will be waiving and releasing all claims for injuries you or your children might sustain arising out of these programs.

**Release and Hold Harmless Agreement**

As a participant in this Villa Park Recreation Department program, I recognize and acknowledge that there are certain risks of injury and I waive and relinquish all claims I or my children may have as a result of participating in this program against the Village of Villa Park and its officials (either elected or appointed), commissioners, officers, agents, employees, and volunteers. I further agree to indemnify, hold harmless and defend the Village of Villa Park and its officials (either elected or appointed), commissioners, officers, agents, employees, and volunteers from and against any and all claims, suits, or cause of actions, including reasonable attorney’s fees, sustained or caused by myself or my children arising out of, in connection with, or in any way associated with the activities of this program.

I give my child permission to participate in this program, and on the child’s behalf as parent and/or legal guardian I hereby waive, release and forever discharge any and all claims against the Village of Villa Park and its officials (either elected or appointed), commissioners, officers, agents, employees, and volunteers for damages and/or injuries which may arise from my child’s participation in this program.

**Emergency Treatment Permission**

I understand that a minor may not be treated, even in an emergency situation, except when, in the opinion of the attending physician, life is in the balance. Consent of a parent or legal guardian is necessary for unmarried minors (under 18) except in such cases. Written consent is required for all other treatment.

Accordingly, as a parent and/or legal guardian, I do herewith authorize the treatment of the minor enrolling in this program in the event of a medical emergency, including administration of first aid, as appropriate, and further agree that I will be responsible for payment of any and all medical services rendered. I understand that the Village does not provide medical insurance for program participants.

I agree that any person or entity, including any doctor, or healthcare provider, may rely on a photocopy of this document the same as if it were an original.

**Acknowledgement**

I have read and fully understand the registration policies, the “Release and Hold Harmless Agreement” and the “Emergency Treatment Permission”. This release and medical authorization form is completed and signed of my own free will even though I understand it is a requirement for participation this program. I represent to the Village of Villa Park that I am familiar with the program and its physical demands and I attest and verify that the participant, whether myself or my child is physically fit for this program.

**Photo Consent**

I understand and give my consent for me and/or my child to be photographed while participating in a Village of Villa Park Recreation Department’s program. I understand that these photos may be used in printed materials and on the Park and Recreation web site for publicity purposes.

\_\_\_\_\_  
Signature of Participant, Parent or Legal Guardian

\_\_\_\_\_  
Signature of Participant, Parent or Legal Guardian

Date \_\_\_\_\_

Date \_\_\_\_\_

This waiver must be signed by all participating adults 18 years old and over, and by a parent or guardian for each participant under age 18. If registering a minor participant, I further attest that I have read these instructions to my minor child/ward.