

REGISTRATION FORM - Village of Hinsdale Parks and Recreation

Mail-in or Drop-off:
Village of Hinsdale
19 E Chicago Ave, Hinsdale

Fax:
630-789-7016

Online:
www.villageofhinsdale.org/pr

Questions
630-789-7090
No phone registration

FAMILY LAST NAME _____ DATE _____

ADDRESS _____ CITY _____ ZIP _____

PRIMARY PHONE _____ WORK PHONE _____

CELL PHONE _____ EMERGENCY PHONE _____

EMAIL ADDRESS _____

VERIFICATION OF RESIDENCE

Completion of this form & payment confirms that the above information is true and the persons reside at the address listed.

Code	Program Name	T-Shirt Size	Participant's Name	Gender M/F	D/O/B	Fee
				<input type="checkbox"/> M <input type="checkbox"/> F		
				<input type="checkbox"/> M <input type="checkbox"/> F		
				<input type="checkbox"/> M <input type="checkbox"/> F		
				<input type="checkbox"/> M <input type="checkbox"/> F		
				<input type="checkbox"/> M <input type="checkbox"/> F		
					TOTAL FEES \$	

PAYMENT INFORMATION (check one): Cash Check Visa MasterCard American Express Discover

Card No. _____ CSV # _____ Exp. Date _____

Cardholder's Signature _____
I give permission to charge the listed total to my credit card.

Do you need any special accommodations to participate in a program? _____

If yes, please attach an explanation of the needed accommodation. Two week notice is required to ensure accommodations.

Do individuals registering for programs have any allergies or dietary restrictions? Describe _____

Check here to opt-in to our email newsletters.

WAIVER AND RELEASE

I have read this form carefully, and am aware that by signing this form and registering and participating in, or registering my minor child/ward for and allowing his or her participation in the Programs listed above on this form: (hereinafter referred as the "program").

I am WAIVING and RELEASING all claims for myself and my minor child/ward arising out of such registration and participation. In consideration of the Village of Hinsdale (the "Village") accepting me and/or my minor child/ward as a participant in the Program, I hereby agree as follows:

ACKNOWLEDGMENT AND ASSUMPTION OF RISK OF INJURY AND LOSS:
I have fully informed myself of all of the details of the Program and have received satisfactory answers to all questions I have concerning the Program and the risks inherent in the Program and believe and represent that I and/or my minor child/ward have the necessary abilities, skills and knowledge to participate in the Program. I recognize and acknowledge that the Program involves risks of bodily injury, death and property loss. I hereby agree to, and do, assume the full risk of any injuries, including death, and of any property loss and of all expenses, costs, damages and losses that I, or my minor child/ward on whose behalf I am signing, may sustain as a result of participating in any and all activities connected with or associated with the Program.

WAIVER AND RELEASE OF CLAIMS: I hereby agree to, and do, waive release and relinquish all claims, demands, rights of action, damages, liabilities and controversies of every kind, known and unknown, present and future, that I, or my minor child/ward on whose behalf I am signing, may have against the Village and its officers, agents, servants, employees, insurers, related or affiliated individuals or entities, successors and assign arising out of, connected with, or in any way related to the Program or my minor child/ward's participation therein.

INDEMNITY AND DEFENSE:
I hereby further agree to indemnify and hold harmless and defend the Village and its officers, agents, servants, employees, insurers, related or affiliated individuals or entities, successors and assigns from any and all claims, lawsuits, demands, damages, liabilities, losses and expenses, including attorney's fees and administrative expenses, of every kind, known and unknown present and future, arising out of, connected with, or in any way related to my or my minor child/ward's participation in the Program.

EMERGENCY CARE:
In the event of an emergency, I authorize the Village to secure, from any licensed hospital, physician and or other medical personnel, any treatment deemed reasonable and necessary for myself and/or my minor child/ward's immediate care and agree that I will be responsible for payment for any and all such treatment rendered.

I have read and fully understand the above WAIVER & RELEASE OF ALL CLAIMS and execute it of my own free will and without any reservation whatsoever.

Sign Here: _____ Date _____
Signature of parent, guardian, or an adult participant 18 years or older

Participation will be denied if the signature of adult participating/parent/guardian and date are not on this waiver.