

FAX • MAIL-IN • DROP-OFF • ONLINE WWW.WOODRIDGEPARKS.ORG

Participants should assume they are registered in a class unless they are contacted by the Park District.

WOODRIDGE PARK DISTRICT

ACCOUNT#

IN-PERSON REGISTRATION: ARC, 8201 S Janes Ave, Woodridge, IL 60517

PHONE: (630) 353-3300

FOR OFFICE USE ONLY: Cut at dashed line and destroy (shred) immediately after entering account number into registration system.

FAX: (630) 353-3409 (credit card charges only

| Address City Zip Emergency Name Emergency Phone All communication from the Woodridge Park District will go to this email and phone. GENDER (M/F/ DATE (FIRST | HEAD OF HOUSEHOLD (PLEASE PRINT): | | | | | ase check status: Resident Nonresident | | | | | |
|--|--|---|--|---|--|--|---|--|---|--|--|
| Emergency Name Emergency Phone | Full Name | | | | | | | | | | |
| Emergency Name Emergency Phone | Primary Email Address* | | | | | Primary Phone* | | | | | |
| Woodridge Park District Waiver and Release of All Claims Pease meat this form carefully and be aware in registering yourself or your minor child/and for participants in the program(s) leads above, you will be waiving and releasing all all and for participants in the program(s) leads above, you will be waiving and releasing all all and for participants in the program(s) leads above, you will be waiving and releasing all all and for participants in the program(s) leads above, you will be waiving and releasing all all and the program(s) leads above, you will be waiving and releasing all all and the program(s) leads above, you will be waiving and releasing all all all and the program(s) leads above, you will be waiving and releasing all all all and the program(s) leads above, you will be waiving and releasing a register of the program(s) leads above, you will be unknown to the program(s) leads above, you will be unknown to the program(s) leads above, you will be unknown to the program(s) leads above, you will be unknown to the program(s) leads above, you will be unknown to the program(s) leads above, you will be unknown to the program(s) leads above, you will be unknown to the program(s) leads above, you will be unknown to the program(s) leads above, you will be unknown to the program(s) leads above, you will be unknown to the program(s) leads above, you will be unknown to the program(s) leads above, you will be unknown to the program(s) leads above, you will be unknown to the program(s) leads above, you will be unknown to the program(s) leads above, you will be unknown to the program(s) leads above, your facinities (s) and leads and and arising out of, connected with, or in any way associated with the activities of the organn(s) leads above, your facinities (s) leads and and arising out of, connected with, or in any way associated with the activities of the organn(s) leads above the waive leads of the program(s) leads above for many to the details of the program(s) leads above for many to the details of the progra | Address | | | | | | | Zip | | | |
| Woodridge Park District Walver and Release of All Claims Please read this form carefully and be aware in registering yourself or your minor child/are for participation in the program(s) letted above. Please read this form carefully and be aware in registering yourself or your minor child/are for participation in the program(s) letted above. The cognize and advanced-lege there are certain risks of physical injury to participants in experitions and advanced-lege than the full risk of any injuries, including death, damage or loss regardless of seventy which it or my minor child/are and my land in a result participating in any and all activities connected with or associated with a care program(s) letted above and largere to assume the full risk of any injuries, including death, damage or loss regardless of seventy which or my minor child/are and my land in a resulting participating in any and all activities connected with or any own and or seventy and representations of the walve or which may accure to me or my minor child/are and my larger to be without any and all activities or my minor child/are and my larger to be without any and all activities or my minor child/are and my larger to be without any and all activities or my minor child/are and my larger to be a result, smooths, and employees from any and all activities or my minor child/are and my larger to be without any and all activities or my minor child/are and my larger to be without any and make a result of the participating in any and all activities or my minor child/are and my larger to be without any and all activities or my minor child/are and my larger to be without any and all actives from injuries, including death, damage or swhich to my minor child/ared and my and all actives and well-dose performs, when provide a result in the participant of the walve of the walve and the shore which are and the shore which are any and all actives from injuries, including death, damages and losses standled by more or my minor child/ared and aring out to, connec | Emergency Name | | | | | Emergency Phone | | | | | |
| Woodridge Park District Walver and Release of All Claims Please read this form carefully and be aware in registering yourself or your minor child/are for participation in the program(s) listed above, you will be walving and releasing all imms for injuries, you and your minor child/ared might sustain arising out of the program(s) listed above, you will be walving and releasing all imms for injuries, you and your minor child/ared might sustain arising out of the program(s) listed above and lagree to assume the full risk of any injuries, including death, damage or loss regimeles of severty which in or my minor child/ared might sustain arising out of the program(s) listed above and lagree to assume the full risk of any injuries, including death, damage or so semantics of severty which in or my minor child/ared may share or which may accord to me or my member of your family needs special assistance or accordant to a participation in the program(s) listed above and lagree to assume the full risk of any injuries, including death, damage or so semantics of which or my minor child/ared may have or which may accord to me or my minor child/ared and adiatings to the program(s) listed above and algainst the Woodridge Park District and its officers, agents, swards, and employees from any and all claims from injuries, including death, damage or swinch to my minor child/ared and arising out of, comected with, or in any way associated with the activities of the program(s). In the program(s) listed above and all claims from injuries, including death, damage and losses of All Claims. If registering via fax, your facinise signature shall substitute for and the same of the above which or in any way associated with the activities of the program(s). In the activities of the program(s) listed above and all claims from injuries, including death, damage and losses of All Claims. If registering via fax, your facinise signature shall substitute for and the same of the activities of the program(s). In the activities of the program(s) list | II communication | from the Woodridge Park [| District will go to th | nis email and phone. | | | | | | | |
| Please read this form carefully and be aware in registering yourself or your minor child/ard for participation in the program(s) listed above, you will be vaiving and releasing all aims for injuries you and your minor child/ward might sustain arising out of the program(s) listed above. I recognize and acknowledge there are certain risks of physical injury to participants in the program(s) listed above and I agree to assume the full risk of any injuries, including death, amages or loss regardless of severity which I or my minor child/ward may sustain as a result practicipating in any and all activities connected with or associated with such program(s). I agree to waive and relinquish all claims I or my minor child/ward may have as a result participating in the program(s) against the Woodridge Park District and its officers, agents, sevants, and employees from any and all claims from injuries, including death, damage or so shich I or my minor child/ward may have or which may accrue to me or my minor child/ward may have any which may accrue to me or my minor child/ward may have or which may accrue to me or my minor child/ward may have or which may accrue to me or my minor child/ward may have or which may accrue to me or my minor child/ward may have or which may accrue to me or my minor child/ward may have and relinquish in the activities of the rogram(s) including transportation services and vehicle operations, when provided. If further agree to indemnify and hold harmless and defend the Woodridge Park District and its officers, agents, servants, and employees from any way associated with the activities of the program(s) listed above and reliably and a reliably the activities of the program(s) listed above and the above Waiver and elease of All Claims. If registering via fax, your facsimile signature shall substitute for and ave the same legal effect as an original form signature. Permission To Photograph And Videotape Participants Is Authorized By Your Signature On This Waiver By signing this waiver, I under | CODE # | PROGRAM NA | ME | FEE | REGIST | RANT'S FULL N | AME | (M/F/ | DATE | | |
| Please read this form carefully and be aware in registering yourself or your minor child/ rd for participation in the program(s) listed above, you will be waiving and releasing all important for injuries you and your minor child/ward might sustain arising out of the program(s) ed above. I recognize and acknowledge there are certain risks of physical injury to participants in e program(s) listed above and I agree to assume the full risk of any injuries, including death, mages or loss regardless of severity which I or my minor child/ward may sustain as a result participating in the program(s) against the Woodridge Park District and its officers, agents, vants, and employees. I agree to waive and relinquish all claims for my minor child/ward may have as a result of both reportant spainst the Woodridge Park District and its officers, agents, vants, and employees from any and all claims from injuries, including death, damage or swhich I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the gram(s) including transportation services and vehicle operations, when provided. I further agree to indemnify and hold harmless and defend the Woodridge Park District of its officers, agents, servants, and employees from any and all claims resulting from injuries, ulding death, damages and losses sustained by me or my minor child/ward and arising out connected with, or in any way associated with the activities of the program(s). I have read fully understand the details of the program(s) listed above and hease of All Claims. If registering via fax, your facsimile signature shall substitute for and we the same legal effect as an original form signature. ermission To Photograph And Videotape Participants Is Authorized By Your Signature On This Waiver By signing this waiver, I understand that my child/ward or I may be photographed or videotapes of my child/ward or in my be photographed or videotapes of my child/ward or | | | | | | | | | | | |
| Ido hereby fully release and discharge the Woodridge Park District and its officers, agents, vants, and employees from any and all claims from injuries, including death, damage or swhich I or my minor child/ward may have or which may accrue to me or my minor child/ord and arising out of, connected with, or in any way associated with the activities of the opgram(s) including transportation services and vehicle operations, when provided. If further agree to indemnify and hold harmless and defend the Woodridge Park District dits officers, agents, servants, and employees from any and all claims resulting from injuries, luding death, damages and losses sustained by me or my minor child/ward and arising out connected with, or in any way associated with the activities of the program(s). I have read d fully understand the details of the program(s) listed above and the above Waiver and lease of All Claims. It registering via fax, your facsimile signature shall substitute for and we the same legal effect as an original form signature. **Total** Office Use Only Date Check Cash CC Cashier Cash CC Cashier Cor Cashier Cor This Waiver By signing this waiver, I understand that my child/ward or I may be photographed or videotaped at any Woodridge Park District program, event or facility. I give permission for otographs and videotapes of my child/ward or me to be used to promote the Park District through press releases, brochures, the web site, and other promotional materials. Such otographs and video-tapes will remain the property of the Woodridge Park District. Please tell the instructor and photographer if you do not want to be photographed. This section must be filled out if you are using: "I authorize the Woodridge Park District to charge my VISA/MASTERCARD/DISCOVER/AMEX for program registration fee autholder Name "I authorize the Woodridge Park District to charge my VISA/MASTERCARD/DISCOVER/AMEX for program registration fee autholder Name "I authorize the Woodridge Park District to charge my VISA/MASTER | Please read this | form carefully and be aware | | | ıs | Make check | ks payable | to: Wood | ridge Parl | k District | |
| Indicated and arising out of, connected with, or in any way associated with the activities of the operamics) including transportation services and vehicle operations, when provided. I further agree to indemnify and hold harmless and defend the Woodridge Park District dits officers, agents, servants, and employees from any and all claims resulting from injuries, luding death, damages and losses sustained by me or my minor child/ward and arising out connected with, or in any way associated with the activities of the program(s). I have read diffully understand the details of the program(s) listed above and the above Waiver and lease of All Claims. If registering via fax, your facsimile signature shall substitute for and we the same legal effect as an original form signature. Ply signing this waiver, I understand that my child/ward or I may be photographed or videotaped at any Woodridge Park District program, event or facility. I give permission for lotographs and videotapes of my child/ward or me to be used to promote the Park District through press releases, brochures, the web site, and other promotional materials. Such lotographs and video-tapes will remain the property of the Woodridge Park District. Please tell the instructor and photographer if you do not want to be photographed. This section must be filled out if you are using: VISA MASTERCARD DISCOVER AMEX "I authorize the Woodridge Park District to charge my VISA/MASTERCARD/DISCOVER/AMEX for program registration fee authorized SIGNATURE | ims for injuries you ded above. I recognize and a e program(s) listed mages or loss rega participating in an I agree to waive participating in th | au and your minor child/war acknowledge there are certe l above and I agree to assur- ardless of severity which I on ny and all activities connecte and relinquish all claims I or e program(s) against the Wo | ove, you will be wad might sustain arise ain risks of physical ne the full risk of ar my minor child/wad with or associate my my minor child/wad with or associate my minor child/wad with or associate my | aiving and releasing a sing out of the progra- linjury to participant ny injuries, including ard may sustain as a ad with such progran ard may have as a re | all am(s) s in death, result n(s). sult | With Disabilities of family needs spec programs listed o | Act (ADA). Pleas cial assistance or n this form: | e indicate if you accommodatio | u or any memb ns to participa O | mericans er of your te in the | |
| Authorized By Your Signature On This Waiver By signing this waiver, I understand that my child/ward or I may be photographed or videotaped at any Woodridge Park District program, event or facility. I give permission for hotographs and video-tapes will remain the property of the Woodridge Park District. Please tell the instructor and photographer if you do not want to be photographed. This section must be filled out if you are using: "I authorized SIGNATURE Date Check Cash Cash Cash CC Cas | aims for injuries yosted above. I recognize and a see program(s) listed amages or loss reg f participating in ar I agree to waive f participating in the revants, and emplo I do hereby fully ervants, and emplo | au and your minor child/war acknowledge there are certa I above and I agree to assun ardless of severity which I o ay and all activities connecte and relinquish all claims I or e program(s) against the Wo yees. release and discharge the V yees from any and all claims | ove, you will be wad might sustain arise in risks of physical ne the full risk of ar r my minor child/wed with or associate my minor child/w. oodridge Park Distrovoodridge Park | aiving and releasing a sing out of the progra- injury to participant ny injuries, including ard may sustain as a ed with such progran ard may have as a re- rict and its officers, a strict and its officers, uding death, damage | all am(s) s in death, result n(s). sult gents, agents, | With Disabilities of family needs spec programs listed of the control of the cont | Act (ADA). Pleas ial assistance or n this form: | e indicate if you accommodatio YES NO | u or any memb ns to participa D | mericans er of your te in the | |
| Permission To Photograph And Videotape Participants Is Authorized By Your Signature On This Waiver By signing this waiver, I understand that my child/ward or I may be photographed or videotaped at any Woodridge Park District program, event or facility. I give permission for hotographs and videotapes of my child/ward or me to be used to promote the Park District through press releases, brochures, the web site, and other promotional materials. Such hotographs and video-tapes will remain the property of the Woodridge Park District. Please tell the instructor and photographer if you do not want to be photographed. This section must be filled out if you are using: "I authorize the Woodridge Park District to charge my VISA/MASTERCARD/DISCOVER/AMEX for program registration fee authorized SIGNATURE." AUTHORIZED SIGNATURE | aims for injuries young and a common a c | au and your minor child/war acknowledge there are certa labove and I agree to assur ardless of severity which I on any and all activities connecte and relinquish all claims I or e program(s) against the Woyees. release and discharge the Voyees from any and all claims infor child/ward may have of the connected with, or in an artransportation services and | pove, you will be wad might sustain arise ain risks of physical me the full risk of ar my minor child/wad with or associate my minor child/wad odridge Park Distrational properties, including the many accruency way associated of vehicle operations. | aiving and releasing a sing out of the progra- linjury to participant ny injuries, including yeard may sustain as a ed with such progran ard may have as a re- rict and its officers, a strict and its officers, uding death, damage e to me or my minor with the activities of s, when provided. | all am(s) s in death, result n(s). sult gents, , agents, or child/ the | With Disabilities of family needs spectrograms listed of X (Signature of particular o | Act (ADA). Pleas cial assistance or n this form: parent, guardian, o | e indicate if you accommodatio YES NO r adult participan | u or any memb ins to participa D it) Dat | te te | |
| VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMEX "I authorize the Woodridge Park District to charge my VISA/MASTERCARD/DISCOVER/AMEX for program registration fee Cardholder Name AUTHORIZED SIGNATURE | aims for injuries younged and a comment of the program (s) listed and a program (s) listed and agree to waive of participating in an I agree to waive of participating in the property of the | au and your minor child/war acknowledge there are certa al above and I agree to assun ardless of severity which I only and all activities connecte and relinquish all claims I on e program(s) against the Woyees. release and discharge the Woyees from any and all claims inor child/ward may have of the connected with, or in an artransportation services and of indemnify and hold harmle the servants, and employeed to rin any way associated with the details of the program(s. If registering via fax, your | cove, you will be wad might sustain arise in risks of physical ne the full risk of ar my minor child/wad with or associate my minor child/wad with or associate my minor child/wad odridge Park Distration of the park Distration of | aiving and releasing a sing out of the progra- linjury to participant ny injuries, including yard may sustain as a ed with such progran ard may have as a re- rict and its officers, ading death, damage e to me or my minor with the activities of s, when provided. Woodridge Park Dis daims resulting from child/ward and arisi the program(s). I have the above Waiver a | all am(s) s in death, result n(s). sult gents, agents, or child/ the strict injuries, ng out e read and | With Disabilities of family needs spec programs listed of the control of the cont | Act (ADA). Pleas cial assistance or n this form: parent, guardian, o ce Use Onl Check Cash | e indicate if you accommodation YES NO r adult participan r adult participan | u or any memb ins to participa D ht) Dat tt) Dat | te te | |
| VISA/MASTERCARD/DISCOVER/AMEX for program registration fee ardholder Name AUTHORIZED SIGNATURE | aims for injuries youted above. I recognize and a program(s) listed amages or loss regarding in an I agree to waive participating in an I agree to waive participating in the amants, and emplo I do hereby fully ervants, and emplo swhich I or my mard and arising out orgram(s) including I further agree to dits officers, agencluding death, dand, connected with, and fully understance lease of All Claims are the same legal Permission By signing this ventoes and vice to some and vice and v | au and your minor child/war acknowledge there are certa a labove and I agree to assun ardless of severity which I only and all activities connecte and relinquish all claims I or e program(s) against the Woyees. To Photograph A vaiver, I understand that my deotapes of my child/ward. | pove, you will be wad might sustain arise in risks of physical me the full risk of ar r my minor child/wad with or associate my minor child/wad odridge Park Distration of the full risk of ar my minor child/wad odridge Park Distration of the full risk of the form injuries, include which may accruent way associated will vehicle operations ess and defend the form any and all copy me or my minor the copy me or my minor that he activities of the solution of the activities of the copy me or my minor that the activities of the copy me or my minor that the activities of the copy me or my minor that the activities of the copy me or my minor that the activities of the copy me or my minor that the activities of the copy me or my minor that the activities of the copy me or my minor that the activities of the copy me or my minor that the activities of the copy me or my minor that the activities of the copy me or my minor that the copy me or my my minor that the copy me or my my minor that the copy me or my my minor that the copy me or my minor that the copy me or my minor that the copy | aiving and releasing a sing out of the program injury to participant by injuries, including and may sustain as a sed with such program and may have as a reject and its officers, adding death, damage to me or my minor with the activities of s, when provided. Woodridge Park Distains resulting from child/ward and arising the program(s). I have the above Waiver a shall substitute for a speep and per promote the Park I promote the Park I promote the Park I promote the Park I program of the participal of the program of the program of the promote the park I promote the park I program of the promote the park I program of the program of | all am(s) s in death, result n(s). sult gents, agents, or child/the strict injuries, ng out e read ind ind or videotap District thro | With Disabilities of family needs spectrograms listed of the programs listed of the program | Act (ADA). Pleas cial assistance or n this form: parent, guardian, o ce Use Onl Check Cash CC By Your Signer Park District proprochures, the well | e indicate if you accommodation YES NO r adult participan r adult participan y gnature O gram, event or for boties, and other | or any membins to participa Otto It) Dat It) Dat Tot \$ n This Waacility. I give per promotional markets. | te te tal | |
| AOTHORIZED SIGNATORE | aims for injuries young along the dabove. I recognize and a program(s) listed amages or loss regarding in an I agree to waive participating in an I agree to waive participating in the amants, and emploop I do hereby fully ervants, and emploops which I or my mard and arising out ogram(s) including I further agree to dits officers, ager cluding death, dand, connected with, and fully understance lease of All Claims are the same legal Permission By signing this ventoes and vice properties and vice programs and vice programs and vice programs. | au and your minor child/war acknowledge there are certa a labove and I agree to assun ardless of severity which I only and all activities connecte and relinquish all claims I or e program(s) against the Woyees. To Photograph A vaiver, I understand that my deotapes of my child/ward. | pove, you will be wad might sustain arised in risks of physical ne the full risk of ar my minor child/wad with or associate my minor child/wad with or associate my minor child/wad with or associate my minor child/wad or which may accruent was associated with the activities of the activities of the activities of the signature gnature. And Videota was coperty of the Wood or I may me to be used to roperty of the Wood or I may me to be used to roperty of the Wood or I may me to be used to roperty of the Wood or I may me to be used to roperty of the Wood or I may me to be used to roperty of the Wood or I may me to be used to roperty of the Wood or I may may may may may may me to be used to roperty of the Wood or I may | aiving and releasing a sing out of the programinjury to participant ny injuries, including yard may sustain as a sed with such program ard may have as a reict and its officers, a ding death, damage et one or my minor with the activities of s, when provided. Woodridge Park Dislaims resulting draming the program(s). I have the above Waiver a shall substitute for a spee Participal ay be photographed or promote the Park I dridge Park District. | all am(s) s in death, result n(s). sult gents, agents, or child/the strict injuries, ng out e read and and sor videotap District through the please tell | With Disabilities of family needs spec programs listed of the program | Act (ADA). Pleas cial assistance or n this form: parent, guardian, o ce Use Onl Check Cash CC By Your Sig e Park District pro crochures, the well notographer if you | e indicate if you accommodation YES NO r adult participan r adult participan y gnature O gram, event or for boties, and other | or any membins to participa Otto It) Dat It) Dat Tot \$ n This Waacility. I give per promotional markets. | te te tal | |
| | aims for injuries young aims for injuries young all and a leep rogram(s) listed amages or loss regif participating in an I agree to waive fight participating in the revants, and emplois which I or my mard and arising out rogram(s) including I further agree to the distofficers, ager cluding death, dan fight, connected with, and fully understance lease of All Claims ave the same legal Permission By signing this whotographs and vice the same legal VISA | au and your minor child/war acknowledge there are certa above and I agree to assun ardless of severity which I only and all activities connecte and relinquish all claims I or e program(s) against the Woyees. To eprogram(s) against the Woyees and discharge the Woyees from any and all claims inor child/ward may have of of, connected with, or in an transportation services and or indemnify and hold harmle hits, servants, and employees hages and losses sustained bor in any way associated with the details of the program(s). If registering via fax, your effect as an original form signature, I understand that my deotapes of my child/ward of deo-tapes will remain the programs. | pove, you will be wad might sustain arised in risks of physical me the full risk of ar my minor child/wad with or associate my minor child/wad with or associate my minor child/wad with or associate my minor child/wad or which may accrue my way associated of the properties of the properties and defend the form any and all copy me or my minor the cativities of the signature gnature. And Videota was a child/ward or I may me to be used to repert of the Wood This signature. This signature possession of the may be made to the property of the Wood This signature. | aiving and releasing a sing out of the programinjury to participant ny injuries, including yard may sustain as a ed with such programard may have as a reict and its officers, ading death, damage et one or my minor with the activities of s, when provided. Woodridge Park Dislaims resulting from child/ward and arrisithe program(s). I have the above Waiver a shall substitute for a promote the Park I dridge Park District. Section must b | all am(s) s in death, result n(s). sult gents, agents, or child/the strict injuries, ng out e read and ind ants is or videotap District throplease tell e filled (| With Disabilities of amily needs specification of programs listed of the control | Act (ADA). Pleas cial assistance or n this form: Darent, guardian, o Check Cash CC By Your Sig e Park District pro prochures, the well notographer if you Sing: Coodridge Park RD/DISCOVE | e indicate if you accommodation YES NO r adult participan | u or any membins to participa D it) Dat it) Dat Tot \$ n This Wa acility. I give per promotional mabe photographe arge my | te t | |