

Fill out all five parts of this form carefully. • New residents or changes in residency within the park district boundaries are required to provide proof (gas, electric or water bill, current tax bill, purchase agreement or lease).• Registration confirmation is provided via email receipt.

1. Fill in information for head of household - please print clearly

		City Business Phone ()			Zip	
E-mail						
		cipant: First Timers, Youth Developmen		ason Clinics		
Class ID	Program	Participant's First and Last Name	Sex	Birthdate	Fee	
Visa Maste	ercard Discover	ion (make checks payable to the Glenview Park District) Cash Check Card Holder (print name) Amount of Payme				
Expiration Date		Authorized Signature				
Waiver and Release Please read this form careleasing all claims for in this program/activity, and I vo participation. I further agagainst the Glenview Paforever discharge the Gleand arising out of, conne District programs and acmay be used by the park compensation to the part	e of All Claims and a refully and be aware that juries, damages or loss w luding transportation servoluntarily agree to assume ree to waive and relinquis rk District, including its off enview Park District from acted with, or in any way a trivities and I agree that are idistrict for promotional pticipant. I have read and for	Assumption of Risk in signification of signature of adult participant or pare Assumption of Risk in signing up and participating in this program/activity, you will which you or your minor child/ward might sustain as a result of ices/vehicle operation, when provided). I recognize and acknow the full risk of any and all injuries, damages or loss, regardle hall claims I or my minor child/ward may have (or accrue to micials, agents, volunteers and employees (hereinafter collective any and all claims for injuries, damages, or loss that my minor issociated with this program/activity. I understand that photos by photograph or videotape taken by the park district of me or unproses including its electronic media, videotapes, brochures, ully understand the above important information, warning of rismy facsimile signature shall substitute for and have the same	be expressly participating i wledge that i ws of severity, ne or my child, rely referred a child/ward or and videos a my minor child flyers and othek, assumptio	assuming the risk and le n any and all activities or here are certain risks of p that my minor child/warn (ward) as a result of part s "Glenview Park District I may have or which ma re periodically taken of p d/ward while participating the publications without a n of risk and waiver and	egal liability and wais onnected with and a physical injury to par d or I may sustain as ticipating in this prog t"). I do hereby fully ay accrue to me or m eg pin a park district pr additional prior notic release of all claims	ssociated with ticipants in this s a result of sai ram/activity release and ny minor child/vn Glenview Palogram or active, permission of
Signature of Participa	ant or Parent (if particip	ant is under 18 years) Date				
		• •				

- 5. Ways to Register:
 - a. Register online at <u>www.glenviewparks.org</u>, or using the QR code on the first page
 - b. Registration forms can be printed, completed, scanned, and emailed to Sylvain.Turcotte@GlenviewParks.org. Any registration questions, please email Sylvain.