MORTON GROVE PARK DISTRICT REGISTRATION FORM

Family Last Name _____

Address _____ City _____ Zip _____

Home Phone _____ Day Phone/Cell _____ email _____

Code#	Program Name	Participant's First Name	Sex M or F	Birthdate	Fee	School District (ie. 63, 67, 69 or 70)

American With Disabilities Act Need Accommodations

My disability requires special accommodations - _____

(Name of participant requiring special accommodations)

Method of Payment Enclosed: ❒Cash ❒Check Make check payable to: Morton Grove Park District

❒Master Card ❒ Visa ❒Discover **TOTAL PAID: $_____**

Account Number __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ Expiration Date: __ __ __ __

Cardholder Name:_____ Authorized Signature:_____

Waiver & Release of All Claims and Assumption of Risk

Please read this form carefully and be aware that in signing up and participating in these programs, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operations, when provided). "I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation." I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against the Morton Grove Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "Morton Grove Park District"). "I do hereby fully release and forever discharge the Morton Grove Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I 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 these programs/activities".

I have read and fully understand this waiver and understand my signature or my parent/guardian's signature if I'm under 18, is required to take part in Park District program.

Signature: _____ Date_____

Please mail registration to Morton Grove Park District, 6834 Dempster Street, Morton Grove, IL 60053
or register on line at www.mortongroveparks.com