



PROGRAM REGISTRATION FORM

Mail or Drop off to: Program Registration
 Sycamore Park District
 480 Airport Road | Sycamore, IL 60178

HOUSEHOLD INFORMATION

PRIMARY HOUSEHOLD MEMBER _____

ADDRESS _____ PHONE: work | cell | home _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____ GENDER ID: he | she | they | NA DATE OF BIRTH _____

If you do not have an account already, you will now have a household account in the Park District's registration system as well as access to online registration at sycparks.org. To add additional members to your household and for more information, call 815-895-3365.

SPECIAL ASSISTANCE: If anyone in your household needs special assistance to participate in the program(s) you are registering for, please list their name and the accommodations needed.



NAME: _____

ACCOMMODATIONS: _____

REGISTRATION

Participant's Name	Date of Birth	Gender ID	Class Code	Program Name	Fee
	___/___/___				\$
	___/___/___				\$
	___/___/___				\$
	___/___/___				\$
	___/___/___				\$
OFFICE USE: CASH CC CHECK # _____ STAFF: _____ DATE IN RECTRAC: _____					TOTAL FEE \$

IMPORTANT INFORMATION The Sycamore Park District is committed to conducting its recreation programs and activities in the safest manner possible in the highest possible regards. Participants and person registering their child in programs must recognize however that there is an inherent risk of injury when choosing to participate in recreation activities. The Sycamore Park District continually strives to reduce risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety. **WAIVER AND RELEASE OF ALL CLAIMS** Please read this form carefully and be aware when registering yourself, your child, child/ward for participation in the above program(s) you will in waiving and releasing all claims for injuries you or your minor might sustain arising out of above program(s). I recognize and acknowledge that there are certain risks of physical injury program(s), and I agree to assume the full risk of any injuries (including death), damages, or loss, regardless of severity, which I or my minor child/ward, arising out of, connected with, or in any way associated with the activities of the program(s). I do hereby fully release and discharge the District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child/ward arising out of, connected with, or in any associated with the activities of the above program(s). I further agree to indemnify and hold harmless and defend the District and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the above program(s). **PERMISSION TO SECURE TREATMENT** In the event of any emergency, I authorize District officials to secure from any licensed hospital, physician, and/or personnel any treatment deemed necessary for my minor child/ward's immediate care and agree that I will be responsible or payment of any and all medical services rendered. I have read and fully understand the above program details, Waiver and Release of All Claims, and Permission to Secure Treatment. **PHOTOS/SOCIAL MEDIA** Please be aware that by registering for a program or class, participating in an activity, attending an event, or using District facilities or property, you authorize the District to use these photos and video footage for promotional purposes in District publications, advertising, marketing materials, brochures, event flyers, social media (including Facebook, YouTube, Instagram, Twitter, and other social media sites operated by the District), and the District's website without additional prior notice or permission and without any compensation to you. All photos and videos are property of the District.

PARENT/GUARDIAN SIGNATURE _____

DATE _____