

# ARLINGTON HEIGHTS PARK DISTRICT

## Activity Registration Form



### Step 1: Family Information (Please print parent/guardian/head of household information):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Email** (Required for all future online registrations): \_\_\_\_\_

Payer's Information: \_\_\_\_\_

(If different from above) (Name) (Street Address) (City, State) (Zip) (Date of Birth)

### Step 2: Activity Enrollment

Participant (First and Last Name)	Sex	Date of Birth (mm/dd/yr)	Activity Name	Activity Number	Fee
					\$
					\$
					\$
					\$
				Arlington Heights Park Foundation Donation	\$
				<b>Total Payment included</b>	\$

*In accordance with the American with Disabilities Act, are there any special accommodations or assistance requested?*

\_\_\_\_\_  
\_\_\_\_\_

### Step 3: Payment Options

- Cash (In-Person ONLY)  
 Check      Check # \_\_\_\_\_  
**Note: \$20 fee for returned checks**  
 Gift Certificate \$ \_\_\_\_\_  
 Visa       Mastercard       Discover (In-Person ONLY)

Effective November 1, 2015: Cash payments will only be accepted in-person. Credit card payments will only be accepted online or in-person.

### Step 4: Please review and sign

#### WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

*Please read this form carefully and be aware that in signing up and participating in this program(s), 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 might sustain as a result of participating in any and all activities connected with and associated with this program(s) (including transportation services and vehicle operations, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in this program(s), 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 this program(s) against the Arlington Heights Park District, including its officials, agents, volunteers and employees. I have read and fully understand the above waiver and release of all claims and assumption of risk. If registering on-line, acceptance of on-line waiver shall substitute for and have the same legal effect as an original form signature.*

**PARTICIPATION WILL BE DENIED** if the signature of adult participant or parent/guardian and date are not on the waiver.

\_\_\_\_\_

Participants Signature  
(18 years or older/Parent/Guardian)

Today's date

### Step 5: Return Form

- Mail:** 410 N. Arlington Hts Rd. Arl Hts, IL 60004  
**In-Person:** Arlington Ridge Center, Camelot & Pioneer  
**Online:** *Save time and register at* [www.ahpd.org](http://www.ahpd.org)