Plainfield Park District Registration Form

Return this form to the Plainfield Park District by Mail, 24 Hour Drop Box, or Walk-in
Recreation / Administration Center • 23729 W. Ottawa Street, Plainfield, IL 60544

Family Last Name: _____ First Name: _____

Name of Father (for minors 18&under): _____ Name of Mother (for minors 18&under): _____

Home #: _____ Work #: _____

Cell #: _____ Email: _____

Address: _____ City: _____ Zip: _____

Subdivision: _____

Emergency Contact: _____ Emergency Number: _____

Would you like to donate to the Friends of Plainfield Park District Foundation? (please check) ☐ YES ☐ NO Amount: $ _____
(Program #: 92414)

PARTICIPANT'S NAME (First and Last)	PROGRAM NUMBER							PROGRAM NAME	FEE	SEX	BIRTH DATE	AGE	GRADE
										☐ F ☐ M			
										☐ F ☐ M			
										☐ F ☐ M			
										☐ F ☐ M			

Refund Policy: Service Charge of $5.00 | Refund/Transfer requests may be made up to five (5) business days prior to the start of a class. A $5.00 service charge will be deducted from all refunds except for those canceled by the Park District. Refund requests received after the deadline will be honored only for certified medical reasons, moving from the district, or those that qualify for a program guarantee refund.

Plainfield Park District Waiver

Please read this form carefully and be aware that in signing up and participating in this program / activity, you will be expressly assuming the risk and legal liability and waving 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 / activity (including transportation services / vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program / activity 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 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 minor child / ward) as a result of participating in this program / activity against the Plainfield Park District, including its officials, agents, volunteers, contractors and employees (hereinafter collectively referred to as "Plainfield Park District").

I do hereby fully release and discharge the Plainfield Park District from any and all claims for injuries, damages or loss sustained by anyone arising out of, connected with, or in any way associated with this program / activity.

I understand the nature of this program and have read and fully understand the above important information, warning of risk, assumption of risk and waiver release of all claims.

Permissions 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 Plainfield Park District program, event, or facility. I give permission for photographs and videotapes of my child / ward or me to be used to promote the Park District through press releases, brochures, the web site, contests the Park District may enter and other promotional materials. Such photographs and videotapes will remain the property of the Plainfield Park District. Please tell the instructor and photographer if you do not want to be photographed.

X _____

Signature of Participant or Signature of Parent or Guardian Required (if participant is under 18 years of age)

Inclusion Information

If you or a family member would like to enroll in a Park District program and need assistance under the Americans with Disabilities Act, simply request additional services by marking the ADA section below. Inclusion services are available to people who need physical assistance, adaptations, accommodations, and support necessary to allow for social, mental, and emotional inclusion. Inclusion requests will be forwarded to LCSRA, who will work to find the appropriate assistance. Please provide at least two weeks notice prior to the start of the program date for an inclusion request.

Americans with Disabilities Act special needs? ☐ YES ☐ NO Full Name of Participant: _____

A.D.A. Statement: The Plainfield Park District intends to comply with the intent and spirit of the Americans with Disabilities Act. If you need special accommodations, please call (815) 436-8812 so we may make the necessary arrangements for you.

Any allergies, special accommodations or Inclusion needed? (please check) ☐ YES ☐ NO If Yes, Full Name of Participant: _____

If Yes, please explain: _____