

# MAYWOOD PARK DISTRICT PROGRAM REGISTRATION FORM



Registrant Information (Please Print in Ink)

Registrant Last Name, First Name		Parent/ Guardian Name (First & Last)	
Birth Date (Mo/Day/Year)	Gender	T-Shirt Size	
Address	City	State	Zip Code
Primary Phone	Secondary Phone	Email Address	
Emergency Contact	Relationship	Contact Number	

## Americans with Disabilities Act – Request for ADA modifications or assistance at a program

Yes, \_\_\_\_\_ needs modifications. New Participant? Yes \_\_\_\_ No \_\_\_\_

Activity Name	Activity Number	Registration Type	Fee Amount	Amount Paid	Amount Due

A certified county birth certificate is required to be on file for all participants 5 years and under before registration will be accepted.

## Waiver

**RISK OF INJURY:** As a participant in the Maywood Park District sponsored Program, and/or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury associated with the Program, and voluntarily agree to assume the full risk of injuries, including illness, death, damages or loss which I and/or my minor child/ward may sustain arising out of, connected with or in any way associated with voluntary participation in the program.

**WAIVER AND RELEASE:** I hereby agree to waive, release and discharge from all liability the Maywood Park District and its mayor and trustees, elected and appointed officials, officers, agents, employees and volunteers (collectively the "Village Affiliates") from any and all claims, rights, damages, causes of action, and demands of whatsoever kind or nature, whether known or unknown, which I and/or my minor child/ward may have against the Maywood Park District and the Park Affiliates, arising out of, connected with, or in any way associated with my own and/or my minor child/ward's voluntary participation in the Program, including any decision of any kind made by the Park District or the Park affiliates relative to offering or not offering, securing or not securing or providing or not providing access to emergency medical treatment for my minor/ward under Section 3 below. I agree that this waiver and release is intended to be as broad and inclusive as permitted by the Laws of Illinois, and that if any portion hereof is held invalid, I agree that the balance thereof will, notwithstanding, continue in full legal force and effect.

**EMERGENCY:** in the event of any medical emergency, I, authorize the Park District and its President and Commissioners, officers, agents, employees and volunteer's, to secure from any Incensed hospital, physician, and/or medical personnel any emergency medical treatment deemed reasonable and necessary for my own and/or my minor child/ward's immediate care and agree that I will be responsible for payment of all medical services rendered.

**PARTIES BOUND:** I agree that this Waiver and Release shall inure to the benefit of, and shall be binding upon my heirs, next of kin, spouse, legatees, transferees, assigns, personal representatives, owners, insurers, agents, servants, employees, administrators, executors, representatives and/or successors in interest of any kind whatsoever.

**ACKNOWLEDGMENT:** I have carefully read and fully understand and agree to the above stated conditions of participation in the Program. I am aware that this is an Agreement to assume all risks and to release the Maywood Park District from all Liability related to my own and/or my minor child/ward's voluntary participation in the Program, is a contract between myself and the Maywood Park District.

**PHOTO & VIDEO POLICY** Photos and Videos footage are periodically taken of participants in the facility, during a Special event or at the District's parks. Please be aware that, by signing this *waiver* and *release* you *are* authorizing the Park District to use these photos and video footage in the District's publications and website without your further permission and without any compensation to you. All photos are property of the Park District.

**SPECIAL ACCOMMODATIONS ADA INFORMATION** the park district of Maywood encourages participation by everyone if you or a family member have special needs and would like to participate in a program, we will be happy to make reasonable modification(s) to meet your needs. Please indicate on the registration form if you would like information regarding our inclusion programs and/or specifically identifying any need request for reasonable modification according to the Americans with disabilities act. The park district provides recreation opportunities for all residents. People with and without disabilities are encouraged and invited to register for all park district programs of interest. People with disabilities will not be discriminated against in the delivery of park district programs. To discuss our policies, programs or services to raise a claim of discrimination based on disability, contact our executive director at 708-344-4740.

**X** \_\_\_\_\_  
Signature of Parent/ legal guardian of minor or disabled adult

Date \_\_\_\_\_

**Payment Information**

Amount of Payment: \$	Check #:	<b>Payable to the Maywood Park District</b>		
Credit Used:	Cash:	Visa	Master	Discover
Card Number:		Exp. Date:	CVV	Zip Code
Card Holder Name:				
Authorized Signature:				
I agree to pay the amount charged to the card listed above in accordance with the card issuer agreement.				

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Register by mail, fax, or in person: Park District Administration Office, 921 S. 9<sup>th</sup> Ave., Maywood IL 60153  
Office: 708-344-4740 Fax: 708-344-1553