FRANKFORT PARK DISTRICT REGISTRATION FORM (*Please Print*)

Mail, Drop-Off or Fax :

Frankfort Park District
140 Oak Street
Frankfort, IL 60423
Phone: 815-469-9400
Fax: 815-469-9275

Family Last Name_____ Date_____

Street Address_____ Home Phone_____

City_____ Zip_____ Cell Phone_____

E-Mail Address_____ **I want to receive program & Park District updates via email □ Yes □ No**

□ The Frankfort Park District welcomes individuals with disabilities into its programs. Please check the box if you or a family member require special assistance and describe any accommodations needed_____

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Participant Name	Program Name	Session	Birthdate Mo/Day/Yr	Grade	Sex: M/F	Fee

Please Indicate your choice of payment ☐Check ☐ Cash ☐ Credit Card **Total Enclosed** **$**

Account Number - must complete when using Visa, MasterCard , or American Express

Cardholder Name_____ Exp. Date_____ Charge Amount_____

Authorized Signature_____ Security Code_____

Must have signature to be processed

READ CAREFULLY

Please be aware that, in signing up and participating in Frankfort Park District programs, you will be waiving and releasing all claims for injuries, arising out of these programs, that you or the other named participants might sustain. The terms "I", "me", and "my" also refer to parents or guardians as well as participants in the programs. In registering for these programs, you are agreeing as follows:

As a participant in these programs, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages of loss, which I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such programs. I further recognize and acknowledge that all athletic activities involving **strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury.**

I hereby grant authority to the Frankfort Park District and the teacher/instructor supervising an event to obtain a paramedic to give emergency treatment to my child or obtain ambulance services for my child when it is deemed necessary. I also give permission to the selected paramedic/physician to treat my child as requested by the Frankfort Park District in the event that I cannot be reached. I am aware that any expenses incurred for any of the above services will not be the responsibility of the Frankfort Park District.

I agree to waive and relinquish any and all claims I may have as a result of participating in these programs against the Frankfort Park District, any and all participating cooperating governmental units, any and all independent contractors, officers, agents, servants and employees of the governmental bodies and independent contractors, and any and all other persons entities, or whatever nature, might be directly or indirectly liable for a n injuries that I might sustain while participating in these programs. (The parties described in the preceding sentence are referred to as "released parties" in the remainder of this Agreement.)

I do hereby fully release and discharge the Frankfort Park District and any and all claims for injuries, damage or loss which I may have or which may accrue to me on account of my participation in these programs.

I further agree to indemnify, hold harmless and defend the Frankfort Park District and any and all other released parties, from any and all claims resulting from injuries, damages and losses sustained by anyone, and arising out of , connection with, or in any way associated with my conduct and the activities of these programs.

I further understand and agree that the terms such as "participation", "programs", and "activities", referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in these programs and further include the provision of or failure to provide proper instructions of supervision, the use and adjustment of any and all machinery, equipment, and apparatus, and anything related to my use of the services, facilities, or premises involved in these programs, and transportation to any from any events.

I understand the nature of these programs for which I am registering, and have read and fully understand this Waiver, Release and Hold Harmless the nature of these programs for which I am registering, and have read and full understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisements or warning of the particular risks of these programs that I subsequently receive will be incorporated by reference into and become a part of this Agreement.

CANCELLATION AND REFUND POLICY: Refunds of 100% will be made, less a $5.00 service charge, if notified at least 2 working days prior to the start of the program or if a doctor's note is provided for an injury or illness. The doctor's note and a completed refund form must be submitted to us within a week of the doctor visit. Refund checks take up to two weeks to be processed. *****There are no refunds given for Trips, One-Day Programs, or Special Events. All League deposits are non-refundable. There are NO refunds on Leagues once the teams/schedules are made.*** A 50% refund will be given if notified prior to the second course meeting for reasons other than a doctor-verified illness or injury. All refunds must be done in person at the park district office. They cannot be completed over the phone or by fax. Full refunds are granted without penalty for: A refund that is initiated by the Park District (i.e. low enrollment/canceled class)

NSF RETURNED CHECK POLICY: For any check returned to the Park District for non-sufficient funds, the issuer must pay with cash to cover the check, pay any bank charges and fees and pay a $25 NSF surcharge to the Park District.

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X Mandatory signature of participant, parent or legal guardian **Date**