

SKOKIE PARK DISTRICT REGISTRATION

Parent/Adult Name 1 _____

Parent/Adult Name 2 _____

Address _____ Apt. # _____

City/State/Zip _____

Home Phone _____ Work Phone _____

Email Address _____

Emergency Contact Name _____

Address _____ Apt. # _____

City/State/Zip _____

Home Phone _____ Work Phone _____

Please indicate second choice programs or classes with a check (✓).

Participant's Name (Last name, first name)	Sex	Birthdate mm/dd/yy	2nd Choice	Program Name	Program Number – Section	Fee
					—	
					—	
					—	
					—	
					—	
					—	



The Skokie Park District welcomes individuals with disabilities into programs.

Please describe any accommodations needed for successful inclusion in the program(s). _____

SUBTOTAL

LESS DISCOUNT

GRAND TOTAL

Release and hold harmless agreement: Participants 18 years of age or older and parents of participants under the age of 18 should read this form carefully and be aware that in signing up and participating in this program you will be waiving and releasing all claims for injuries or damages you might personally sustain which might arise out of this program. As a participant in this program (or as a parent of a minor participant), I recognize and acknowledge that there are certain risks of physical injury associated with such participation, and I agree to assume the full risk for any injuries, damages, or loss which I may sustain as a result of participating (or of my minor child's participation) in such program as against the Skokie Park District, its officers, agents, servants, and employees. I do hereby fully release and discharge the Skokie Park District and its officers, agents, servants, and employees from any and all claims from injuries, damages, or loss which I may have or which may accrue to me on account of my participation (or on account of my minor child's participation) in the program. I further agree to indemnify, hold harmless, and defend the Skokie Park District, its officers, agents, servants and employees from any and all claims resulting from injuries, damages, and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program, including transportation services when provided (or my minor child's participation in the program). I have read and fully understand this Release and Hold Harmless Agreement and any program details provided to me. It is mutually understood that the facsimile registration document (including waiver and release of all claims) shall substitute for and have the same legal effect as the original form.

Participant's Signature/Date _____

Parent/Guardian Signature (if participant is under 18)/Date _____

Skokie Park District • 4701 Oakton St • Skokie, IL 60076 • Rowing@skokieparks.org • Fax: (847) 933-4970

PAYMENT INFORMATION

☐ Cash ☐ Check # _____

☐ Credit Card (Circle One) Visa Mastercard Discover

Name on Card _____

Card # _____ CW/CVC # _____

Expiration Date ____/____/____ Amount of Payment _____

Authorized Signature _____