Hinsdale Park and Recreation Dept.

19 East Chicago Avenue
Hinsdale, IL 60521-3489
Telephone: 630/789-7090 Fax: (630) 789-7016

REGISTRATION FORM
RECREATION PROGRAMS

FAMILY LAST NAME _____ **DATE** _____

ADDRESS _____ **CITY** _____ **ZIP**_____

HOME PHONE _____ **EMERGENCY PHONE** _____

EMAIL ADDRESS: _____

DIRECTIONS:

1. COMPLETE and CLEARLY PRINT all information.
2. Carefully list program information and class code.
3. Include first and second choices. If both first and second choice is full, you will be placed on the waiting list for your first choice.
4. Please mark the check box if you need children together in a class.
5. Total the fees in the space provided, (pay for only one choice per program).
6. Participants enrolling in swim programs must hold a season pass or pay the daily pool entrance fee.
7. Make check payable to **Village of Hinsdale.**
8. Read and sign the Waiver below.

☐ Do you need any accommodation in accordance with the Americans with Disabilities Act to participate in a program? If yes, please check here and attach an explanation of the needed accommodation. _____

☐ Do you have any allergies or dietary restrictions? Describe _____

VERIFICATION OF RESIDENCE-Completion of this form and payment confirms that the above information is true and the persons reside at the address listed.

	CODE	PROGRAM	TIME	FIRST/LAST NAME	#4 CkBox	D/O/B	FEE
1st Choice							
2nd Choice							
1st Choice							
2nd Choice							
1st Choice							
2nd Choice							
1st Choice							
2nd Choice							
1st Choice							
2nd Choice							
1st Choice							
2nd Choice							
1st Choice							
2nd Choice							
						TOTAL	

CREDIT CARD INFORMATION
(Visa, MasterCard, American Express) Signature _____

Card No. _____ Exp. Date _____

WAIVER AND RELEASE OF ALL CLAIMS: I have read this form carefully, and am aware that by signing this form and registering and participating in, or registering my minor child/ward for and allowing his or her participation in the Programs listed above on this form: (hereinafter referred as the "program"). I am WAIVING and RELEASING all claims for myself and my minor child/ward arising out of such registration and participation. In consideration of the Village of Hinsdale (the "Village") accepting me and/or my minor child/ward as a participant in the Program, I hereby agree as follows: **ACKNOWLEDGMENT AND ASSUMPTION OF RISK OF INJURY AND LOSS**: I have fully informed myself of all of the details of the Program and have received satisfactory answers to all questions I have concerning the Program and the risks inherent in the Program and believe and represent that I and/or my minor child/ward have the necessary abilities, skills and knowledge to participate in the Program. I recognize and acknowledge that the Program involves risks of bodily injuiry, death and property loss. I hereby agree to, and do, assume the full risk of any injuries, including death, and of any property loss and of all expenses, costs, damages and losses that I, or my minor child/ward on whose behalf I am signing, may sustain as a result of participating in any and all activities connected with or associated with the Program. **WAIVER AND RELEASE OF CLAIMS:** I hereby agree to, and do, waive release and relinquish all claims, demands, rights of action, damages, liabilities and controversies of every kind, known and unknown, present and future, that I, or my minor child/ward on whose behalf I am signing, may have against the Village and its officers, agents, servants, employees, insurers, related or affiliated individuals or entities, successors and assign arising out of, connected with, or in any way related to the Program or my minor child/ward's participation therein. **INDEMNITY AND DEFENSE:** I hereby further agree to indemnify and hold harmless and defend the Village and its officers, agents, servants, employees, insurers, related or affiliated individuals or entities, successors and assigns from any and all claims, lawsuits, demands, damages, liabilities, losses and expenses, including attorney's fees and administrative expenses, of every kind, known and unknown present and future, arising out of, connected with, or in any way related to my or my minor child/ward's participation in the Program. **EMERGENCY CARE:** In the event of an emergency, I authorize the Village to secure, from any licensed hospital, physician and or other medical personnel, any treatment deemed reasonable and necessary for myself and/or my minor child/ward's immediate care and agree that I will be responsible for payment for any and all such treatment rendered.

I have read and fully understand the above WAIVER & RELEASE OF ALL CLAIMS and execute it of my own free will and without any reservation whatsoever.

Print Name of Participant _____ Signature of Participant/ Guardian _____

Print Name of Person Signing _____ If Guardian, state relationship to Participant: _____

(see other side for pool registration)