



Burbank Park District Mail-In Registration

Parent Or Guardian Must Fill In All Fields

First Name: _____ Last Name: _____
 Address: _____ City: _____
 State: _____ Zip: _____
 Birth Date: _____ Res: _____ R / NR
 Cell: _____ Home: _____
 Email: _____ Check if moved in last 2 years _____

Participant First & Last	Birth Date	Age & Grade	Program Name	Class Code #	Fee
					\$
					\$
					\$
					\$
					\$
					\$
Fees Total					

Persons with Disabilities: The Park District makes reasonable accommodations for persons with disabilities to participate. Please specify any adaptive equipment, personnel or other accommodations you need to participate in a program for which you have registered.

Registration Information:

1. Proof of residency will be required during registration for resident rates.
2. Due to the many offerings having limited space, waiting lists will be made to accommodate individuals.
3. Cancellation Policy — The Park District reserves the right to consolidate, postpone, reschedule or cancel any Park District program due to insufficient registration.
4. **Refund Policy:** If the Park District is forced to cancel a program, a refund will be given. No refunds will be granted after the first class meeting. No refunds will be given for trips. However, the individual may find a substitute. A \$5.00 administration fee will be assessed on voluntary program withdrawal before the first class.
5. **NSF Charges:** There is a \$25.00 service charge by the Park District on all returned checks. The amount of the check plus the service charge must be paid in CASH.
6. You may confirm classes by calling the Park District Office at (708) 599-2070 four days in advance of the first class.
7. The Park District reserves the right to raise fees at any time during a program, if published fees are not meeting the program's costs. We also reserve the right to correct any fees that may have been put in the brochure by error.
8. Due to earlier starting dates on some programs listed, there will be a special registration to accommodate them.

I have carefully read the insurance liability waiver and understand that my signature is required below in order for myself or my child/ward to participate in Burbank Park District Programs.

X _____
Signature of Participant **Date**
 (If Participant is under age 18, must have guardian's signature)

X _____
Signature of Parent/Guardian **Date**

ASSUMPTION OF RISK AND RELEASE FORM

THIS IS A RELEASE OF LEGAL RIGHTS -- READ AND UNDERSTAND BEFORE SIGNING.

Name of Participant: _____ Date of Birth: _____

(If Participant is under 18 years of age, a parent or legal guardian must also read and sign this form.)

Form Subject: **BPD Programs** Facility site: **Burbank Park District Facility's, Events, Programs, and Parks.**

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:

1. **Risks of Participation.** I fully recognize that there are dangers and risks to which I may be exposed by participating in the Program. More specifically, I acknowledge and accept the following risks:
2. I accept full responsibility for any injuries or illness that I may sustain in the course of the Program activities. I understand that the Burbank Park District and its governing board, officers, employees, and agents (collectively the "Burbank Park District") do not require me to participate in the Program, but I want to do so, despite the possible dangers and risks and despite this Release. I therefore agree to assume and take on myself all of the risks and responsibilities in any way associated with the Program.
3. **Health & Safety.**
I understand and agree that the Burbank Park District does not have medical personnel available at the Facility, Parks or program locations which are the locations for my participation in the Program. I understand and agree that the Burbank Park District is granted permission to authorize emergency medical treatment, if necessary, and that such action by the Burbank Park District shall be subject to the terms of this Agreement. I understand and agree that the Burbank Park District assumes no responsibility for any injury, damage or cost which might arise out of or in connection with such authorized emergency medical treatment. I have consulted with a medical doctor with regard to my personal medical needs. There are no health-related reasons or problems that preclude or restrict my participation in this Program. I have arranged, through medical insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program. I understand that neither the Fusion Recplex nor the Facility is obligated to provide transportation in connection with the Program.
4. **Standards of Conduct.**
I will comply with the Burbank Park District rules, standards and instructions for participant behavior, as well as the standards of conduct. I waive and release all claims against the Burbank Park District that arise at a time when I am not under the direct supervision of the Burbank Park District or that are caused by my failure to remain under such supervision or to comply with such rules, standards, and instructions.
I agree that the Burbank Park District has the right to enforce the standards of conduct described above, in its sole judgment, and that it will impose sanctions, up to and including expulsion from the Program or from the Burbank Park District, for violating these standards or for any behavior detrimental to or incompatible with the interests, harmony, and welfare of the Burbank Park District, the Program, the Facility or other participants. The Burbank Park District has the right to make changes in the format and administration of the Program.
5. **Assumption of Risk, Covenant Not To Sue, and Release of Claims.** Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I release, indemnify, and covenant not to sue the Burbank Park District from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Program (including periods in transit).

I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement shall be governed by the laws of the state of Illinois, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program.

X _____	X _____
Signature of Participant	Signature of Parent/Guardian
_____	_____
Date	Date

(If Participant is under age 18 must have guardian's signature)

Emergency Contact Information

Name of Parent/Guardian: _____ Telephone: _____