



# Rolling Meadows Park District Senior Registration Form



## Part 1 - Payer's Information (please print & fill in all fields)

Member Non-Mem 

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Please check one:  No, this is not new contact info  Yes, there is new contact info

## Part 2 - Programs, Trips & Luncheons

Code Number	Program/Trip Name	Day(s) & Time	Participant's Full Name	Birth date	Fee \$

In accordance with the American with Disabilities Act, does registrant require any special accommodations or assistance for enjoyment of the program? If yes, please describe:

## Part 3 - Please review and sign

**WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**  
 Please read this form carefully and be aware that in signing up and participating in this program(s), you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program(s) (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program(s), and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program(s) against the Rolling Meadows Park District, including its officials, agents, volunteers and employees.

I have read and fully understand the above waiver and release of all claims and assumption of risk. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

### PARTICIPATION WILL BE DENIED

If the signature of adult participant or parent/guardian and date are not on the waiver.

X \_\_\_\_\_  
 Participant's Signature Today's Date  
 (18 years or older or Parent/Guardian)

## Part 4 - Menu Selection

Please list your menu selection here:

## Part 5 - Payment Options

Balance Due \$ \_\_\_\_\_ Total Paid \$ \_\_\_\_\_

Cash (\$ \_\_\_\_\_)

Check (\$ \_\_\_\_\_) Check # \_\_\_\_\_  
 (\$25 processing fee for returned checks)

Gift Certificate (\$ \_\_\_\_\_)

Circle: Visa MasterCard AMEX Discover

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code # \_\_\_\_\_

Signature \_\_\_\_\_