Golf Maine Park District Registration Form

Step 1 Family Information

Family's Last Name	Home Address
Parent or Guardian First Name	City
Home Phone	Zip
Cell Phone	Email
Emergency Name	Emergency Phone

Step 2 Program and Participant Information

Participant's Name	Birthdate	Program Name and Number	School	Grade	Fee
I require special assistance/ accommodation to enjoy this program	YES ☐ NO ☐	I am interested in volunteering	YES ☐ NO ☐	**TOTAL DUE:**	

Step 3 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 the above programs, 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 these programs (including transportation services and vehicle operations, when provided).

As a participant in the above program(s), I recognize and acknowledge that there are certain risks of physical injury and those listed above agree to assume the full risk of any injuries, including death, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of participation in any and all activities connected with or associated with such programs. 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 participation in the program(s), against the Golf Maine Park District, its officers, agents, servants and employees.

I have read the above recreation waiver and release of all claims and assumption of risk and understand that my signature is required below in order to participate in any Golf Maine Park District programs. Signature is required of all participants 18 years or older and of parent/guardian for those participants under 18 years of age . 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.

Step 4 Method of Payment

Amount of Payment $_____ ☐ Check #_____ ☐ Cash ☐ Visa

Card Number_____ Exp Date_____V-Code_____ ☐ MasterCard

Card holder (print name)_____ ☐ Discover

Authorized Signature_____

OFFICE USE

Date:

_____

Initials:

_____

Receipt #:

_____ _____

Signature of Participant (Parent signature if participant is under age of 18) Todays Date

By signing this waiver I confirm that the above information is accurate and have read the waiver agreement