



GOLF MAINE PARK DISTRICT REGISTRATION FORM

Parent/Guardian Last Name _____ First Name _____

Address _____ City _____ Zip _____

Home Phone # _____ Cell # _____ Email _____

Emergency Contact _____ Cell # _____ Home # _____

If participant requires special accommodation/assistance for program enjoyment, please describe:

<u>Program Name & Number</u>	<u>Participant's Full Name</u>	<u>Birth date</u>	<u>Fee</u>

Method of Payment: _____ Total Fees _____

Cash (do not send in mail) Check # _____ MasterCard Visa

Credit Card Authorization for Mail In and Fax Registrations:

Card/Account No. _____ Exp. Date ____ / ____ Amount \$ _____

Cardholder Name _____ Authorized Signature _____

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.

Participant's Signature _____
(18 years or older or Parent/Guardian)

Participant's Name (Print) _____

Date: _____

PARTICIPATION WILL BE DENIED
If the signature of adult participant or parent/guardian and date are not on this waiver.

Remit to: Golf Maine Park District, 8800W. Kathy Lane, Niles, IL 60714
Phone 847-297-3000 Fax 847-297-6179

****Office Use Only****
Date Payment Received _____ Receipt # _____ Staff Initials _____