

Registration begins November 12, 2017

If you do not receive a confirmation for all classes, it is your responsibility to contact the Ski Office prior to the start of all of the classes you have requested.

of severity which I or my minor child/ward may sustain as a result of participating in any and all

2. I agree to waive and relinquish all claims I or my minor child/ward may have as a result of

participating in the program(s) against the Park District and its officers, agents, servants, and

connected with, or in any way associated with the activities of the program(s).

3. I do hereby fully release and discharge the Park District and its officers, agents, servants, and

employees from any and all claims from injuries, including death, damage, or loss of which I or my minor child/ward may have or which may occur to me or my minor child/ward and arising out of,

activities connected with or associated with such program(s).

the classes you have requested.				1401 W. Lake St., Bartlett, IL 60103 Call 630-289-1000 or Fax 630-289-2934			
Please Check: Reside	ent	Nonresident	Can	030-207-1000 01 1 8	A 030-207-27.	7	
Payer's Name				☐ Cash – All forms received at Villa Olivia only.			
Address				Check/Money	Order – Make	payable to: "Bartlett P	ark District"
City Zip				□ Check/Widney	Order – Wake	payable to. Bartlett F	air District .
Home Phone				Credit Card – Complete information below			
Cell Phone				AMERICAN EXPRESS	DIJCOVE	MasterCard	VISA
E-mail address				JOHN DOE 95661	2007 1765 SE-1877 JOHN DOE	MasterCard	
Special Modification Please list any medication programs, allergies or defor successful inclusion motice is recommended.	ons that ne escribe spe into the pr	ed to be dispensed a cial modifications no cogram(s). A two we	eeded ek	Card Holder's Na Expiration Authorized Signa	ame / ature	Amount Charged \$ _	
Participant	Gender	Date of Birth & Age	Program Name	I.D. Number	Level	Day(s) & Time	Fee
						Total	
						Fees Due	
Your registration form ca	nnot be proc	essed if the waiver below	w is not completed a	nd signed.			
Waiver and Release Please read this form carefully and participation in Park District prograr you or your child/ward might sustai 1. I recognize and acknowledge the	be aware in regin(s) that you will n arising out of F	stering yourself or your minor ch be waiving and releasing all cla ark District program(s).	ims for injuries	from any and all claims	from injuries, inclu		cers, agents, and employees osses sustained by me or my ted with the activities or the
District program(s) and I agree to a					mergency, I autho	rize Park District officials to s	secure from any licensed

Registration Form

10% at the Open House on November 12, 2017

5% prior to Opening Day on December 15, 2017

Early Bird Discounts

Payment Information:

Mail or drop-off at Villa Olivia

Signature of Parent or Guardian

Date

Signature of Participant (If 18 years or older)

Date

I, the undersigned, have fully read and understand the above waiver and release of all claims.

medical services rendered.

hospital, physician, and/or medical personnel any treatment deemed necessary for me or my minor

Photographs and videos are taken to use for promotional purposes. By registering for a program or

child's/ward's immediate care and agree that I will be responsible for payment of any and all

utilizing a park district facility or park you have granted us permission to use your image for