Villa Olivia
A Facility of the Bartlett Park District

Registration/Payment Information

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

____Please check if this is a new address or phone number.

Payor's Name _____

Address _____

City_____ Zip _____

Home Phone _____

Day Phone _____

E-mail address _____

Special Accommodations

Please list any medications currently being taken or describe special accommodations _____

_____

Payment Information:

Mail or drop-off at Villa Olivia
1401 W. Lake St., Bartlett, IL 60103
Call 630-289-1000

☐ **Cash – All forms received at Villa Olivia only.**

☐ **Check/Money Order** – Make payable to: "Bartlett Park District".
Mail or drop-off at Villa Olivia, 1401 W. Lake St., Bartlett, IL 60103.
Credit Card – Please complete the relevant information below.

☐ Credit Card – Over the counter

☐ ☐ ☐ ☐

Card Number _____CID# ____
Card Holder's Name _____
Expiration _____ Amount Charged $ _____
Authorized Signature _____

Participant	Gender	Birthdate/Grade	Program Name	I.D. Number	Time	Fee
				Total Fees Due		

You registration form cannot be processed if the waiver form below is not completed and signed.

Waiver and Release of All Claims

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in Park District program(s) that you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of Park District program(s).

1. I recognize and acknowledge that there are certain risks of physical injury to participants in Park District program(s) and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).
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 employees.
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, connected with, or in any way associated with the activities of the program(s).
4. I further agree to indemnify and defend the Park District and its officers, agents, and employees from any and all claims from injuries, including death, damages, and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities or the program(s).
5. In the event of any emergency, I authorize Park District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my minor child's/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

Photographs and videos are taken to use for promotional purposes. By registering for a program or utilizing a park district facility or park you have granted us permission to use your image for promotional purposes.

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

_____ _____
Signature of Parent or Guardian (If 18 years or older) Date

_____ _____
Signature of Participant (If 18 years or older) Date