Registration

Last Name:_____ **Phone Number:**_____

Participant's Name:	Activity Number	Program Name:	Day	Dates	Time	Fee

T-Shirt: YS YM YL AS AM AL XL XXL

Payment Options:

_____Cash _____Check (Check #_____) _____MO _____Gift Certificate

Total Enclosed:
$_____

Do Not Mail Cash

☐ VISA ☐ MasterCard Tran #:_____

Account Number #:_____ - _____ - _____ - _____

Card Exp. Date:_____ CVC Code:_____

Authorized Signature:_____

_____Resident _____Non-Resident Membership _____Non-Resident

☐ The Palos Heights Rec. Dept. does its best to accommodate those individuals with special needs. If you need any special assistance with a program, please check the box to the left and we will do our best to assist you.

THIS WAIVER MUST BE SIGNED BY ALL ADULTS 18 YEARS OLD AND OLDER
A $3 fee is charged for any transfer to another class or cancellation of class.

Please read this form carefully, and be aware that by registering for and participating in this program, or by registering your minor child/ward for participation in this program, you will be waiving your right and/or the rights of your minor child/ward to all claims for injuries you or you minor child/ward might sustain arising out of this program and you will be required to indemnify, hold harmless and defend the City of Palos Heights of any claims arising out of participation in the above program. As a participant in the program, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury, including but not limited to and I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with this program. I agree to waive and relinquish any all claims I may have arising out of, connected with, or in any way associated with the activities of the program. Release from liability: I do hereby fully release and discharge the City of Palos Heights and its officers, agents and employees from any and all claims from injuries, including death, damage, or loss which I or my minor child/ward may have or which may occur on account of participation in this program. I further agree to indemnify, hold harmless, and defend the City of Palos Heights and its officers, agents, and employees from any and all claims from injuries, including death, damages and losses sustained by me or my minor ward/child and arising out of, connected with, or in any way associated with the activities of the program. In the event of any emergency, I authorize the public entity to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I have read and fully understand and agree to the above stated conditions of participation in the above program.

X_____

Signature of parent, guardian, or adult participant 18 years or older **Date**

Participation will be denied if the signature of adult participant/parent/guardian and date are not on this waiver.

Office Use Only

Received: Initials_____ Date:_____
Processed: Initials_____ Date:_____