



REFUND POLICY:

Participants will receive a full refund when the program is cancelled due to lack of participants, facilities, qualified instructors, or if the program has not officially begun. No refunds will be given once the program has started. All refunds will be issued in the form of a check. The issuance of a refund check will take up to 10 working days and will be mailed to the participant or guardian.

TO COMPLETE THE REGISTRATION FORM BELOW:

This registration form *only* applies to GF Park District programs, *not* to Choice Health & Fitness programming or activities listed on the Private Clubs and Programs pages. Use one form per child. Be sure all info is correct and the program code number is included. (Multiple code #'s may be listed on form if programs are for same child.) All fees must be paid in full. Additional registration forms are available online or at the GF Park District office.

YOUTH PROGRAM REGISTRATION FORM

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

I recognize and acknowledge that there are certain risks of physical injury and/or death to participate in the below program(s), and I agree to assume the full risk of any such injuries, death, damages, or loss regardless of severity which I or my child/ward may sustain as a result of involvement with the below program(s). Further, I hereby waive and relinquish all claims that I, my insurer, or my child/ward may have against the Park District and its officers, servants, and employees from any and all claims for injuries, damages, or loss which I or my child/ward may have or which may accrue to me or my child/ward in relation to his/her involvement with the below program(s), regardless whether the activities involved are supervised or unsupervised. I also agree to hold the Park District harmless for any injuries, death, or damages sustained in relation to my child/ward's involvement with the below program(s). Nothing in this release shall be intended to release the Park District from responsibility of fraud or willful injury to person or property, nor for any violation of the law. This release is intended to release only claims for negligence and/or non-willful or non-criminal claims.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE AGREEMENT OUTLINING MY ASSUMPTION OF RISK AND WAIVER AND RELEASE OF ALL CLAIMS.

Participant or Parent/Guardian Signature _____ Date _____

ONE CHILD PER FORM PLEASE

CHILD'S FIRST AND LAST NAME		PLEASE NOTE: This registration form is only applicable to GF Park District Youth Programs. Form CANNOT be used to sign-up for Choice Health & Fitness Programming.
GENDER	BIRTHDATE (MM - DD - YYYY)	
PARENT/GUARDIAN NAME		CIRCLE CHILD'S T-SHIRT SIZE YS YM YL YXL AS AM AL AXL
ADDRESS		CITY STATE ZIP CODE
DAYTIME PHONE #	HOME PHONE #	CELL PHONE #
For program and weather updates, please provide your contact info for email alerts.	EMAIL ADDRESS	

DOES PARTICIPANT HAVE ANY SPECIAL NEEDS WE SHOULD BE AWARE OF (DIABETES, CAR-POOLING, ASTHMA, ETC)?

PARK (if applicable)	ACTIVITY CODE (listed in Activity Guide)	FEE	PROGRAM NAME
	000000-00		
	000000-00		
	000000-00		

YES, I WOULD LIKE TO DONATE \$5 TO HELP A LOCAL CHILD STAY ACTIVE THIS SUMMER. | PLEASE ADD \$5 TO YOUR TOTAL.

TYPE OF PAYMENT (please circle one): CASH CHECK VISA MASTERCARD DISCOVER AMEX	AMOUNT ENCLOSED:
CREDIT CARD #: _____ EXP. DATE: ____/____/____ CVV _____	
SIGNATURE OF CARDHOLDER: _____	