

# Springfield Park District Registration Form



## Step 1 Family Information

Family's Last Name:	Home Address	
Father's Name	City	
Mother's Name	Zip	
Alternative Phone	Home Phone	email

## Step 2 Sign the Waiver

A waiver and release can be found on the back of this registration form, please read carefully. The participant or parent/guardian is required to sign the waiver before participating in Springfield Park District programming.

Yes, I have signed the waiver.

## Step 3 Select programs for each participant

Participant's Name	Sex	Birthdate	Program	Misc.	Res. \$	NR \$
	<input type="checkbox"/> M <input type="checkbox"/> F					
	<input type="checkbox"/> M <input type="checkbox"/> F					
	<input type="checkbox"/> M <input type="checkbox"/> F					
	<input type="checkbox"/> M <input type="checkbox"/> F					
	<input type="checkbox"/> M <input type="checkbox"/> F					
	<input type="checkbox"/> M <input type="checkbox"/> F					
	<input type="checkbox"/> M <input type="checkbox"/> F					
	<input type="checkbox"/> M <input type="checkbox"/> F					

Please describe any special accommodations needed for your enjoyment of this program:

**Total Due:**

## Step 4 Scholarship Fund (Optional)

The Park District has established a scholarship fund to offset registration fees for community members who need financial assistance. This program allows all members of the Springfield community to benefit from park district programs and activities regardless of financial status. The scholarship program is primarily funded by donations from community members. A charitable donation may be added to your registration. One hundred percent of all donations will directly offset registration fees for underprivileged families. Your donation will help the Springfield Park District in the continued drive to provide outstanding parks and recreation opportunities throughout the Community.

*If you would like to make a donation to the Scholarship Fund, please add the desired amount to your total fee.*

Yes, I'd like to make a donation in the amount of \$ \_\_\_\_\_

## OFFICE USE

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

## Step 5 Method of Payment

Amount of Payment \$ \_\_\_\_\_  Check # \_\_\_\_\_  Cash  Visa  MasterCard  American Express  Discover

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Card holder (print name) \_\_\_\_\_

Authorized Signature \_\_\_\_\_



To learn more on how you can support Illinois Park District through the Park District Youth Program license plate initiative please visit [www.cyberdriveillinois.com](http://www.cyberdriveillinois.com).

**WAIVER, RELEASE OF ALL CLAIMS  
AND HOLD HARMLESS AGREEMENT FOR  
SPRINGFIELD PARK DISTRICT**



**Please read this form carefully and be aware that, in signing up and participating in the above program, you will be waiving and releasing all claims for injuries, arising out of this program, that you or the above participant might sustain. The terms, “I,” “me,” and “my” also refer to parents or guardians as well as the participants in the program. In registering for the program, you are agreeing as follows:**

As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risks of any injuries, including death, damages or loss which I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such program. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury.

I agree to waive and relinquish any and all claims I may have as a result of participating in the program against the Springfield Park District, any and all other participating or cooperating governmental units, any and all independent contractors, officers, agents, servants and employees of the governmental bodies and independent contractors, and any and all other persons and entities, of whatever nature, that might be directly or indirectly liable for any injuries that I might sustain while participating in the program. (The parties described in the preceding sentence are referred to as “released parties” in the remainder of the Agreement.)

I do hereby fully release and discharge the Springfield Park District, and any and all other released parties, from any and all claims resulting from injuries, including death, damages and losses sustained by anyone, and arising out of, connected with or in any way associated with my conduct and the activities of the program.

I further understand and agree that the terms such as “participation,” “program” and “activities,” referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in the program, and further include the provision of or failure to provide proper instructions or supervision, the use and adjustment of any and all machinery, equipment and apparatus, and anything related to my use of the services, facilities or premises involved in the program.

I understand the nature of the program for which I am registering and have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisements or warnings of the particular risks of this program that I subsequently receive will be incorporated by reference into and become a part of this Agreement.

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Signature of parent or guardian (if the participant is under the age of 18)

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Date