

Oregon Park District Registration Form—Please fill out completely.

Part 1—Participant Information

Family Last Name _____ Home Phone _____

Address _____ Emergency Phone _____

City _____ State _____ Zip _____

Is this a new address? Yes No E-Mail (Optional) _____

Owns Property in District (address) _____ T-shirt Size (If Necessary) _____

Part 2a—Program Registration

Activity Name	Activity Code	Fee	Participant Name	Sex	Birthdate

Part 2b—New Pass/Renewal

Member Name	New or Renewal	Pass Type	Birthdate	Fee
		<input type="checkbox"/> Annual <input type="checkbox"/> Quarterly		
		<input type="checkbox"/> Annual <input type="checkbox"/> Quarterly		

Part 3—Payment Options

Total Fees \$ _____

Cash (in person only)

Check

Gift Certificate (\$ amount _____)

Credit Card

Visa Master Card

Card Number _____

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Expiration Date (mm/yy) ____/____

Signature _____

For Park District Use Only

Pass Type: _____

Part 4—Please review and sign the waiver.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program(s), you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program(s) (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program(s), and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program(s) against the Oregon Park District, including its officials, agents, volunteers and employees.

I have read and fully understand the above waiver and release of all claims and assumption of risk.

PARTICIPATION WILL BE DENIED

If the signature of adult participant or parent/guardian and date are not on the waiver.

X _____ Date _____

Participant's Signature
(18 Years or older or Parent/Guardian)

Part 5—Return Form

Mail in: 304 S. Fifth Street,
PO Box 237
Oregon, IL 61061

Phone in: 815-732-3101

Fax in: 815-732-3736

Drop off: Nash Recreation Center