

Oregon Park District Registration Form

Household Information

Last Name _____ Phone _____

Address _____ City _____ Zip _____

Emergency Contact _____ Emergency Phone _____

E-Mail _____

Pass Information

| Passholder Name | Sex | Birthdate | Age | Pass Type | Fee |
|-----------------|-----|-----------|-----|---|-----|
| | | | | <input type="checkbox"/> Annual <input type="checkbox"/> Quarter <input type="checkbox"/> 10 Punch <input type="checkbox"/> Water Aerobics <input type="checkbox"/> Twinges <input type="checkbox"/> Adult <input type="checkbox"/> Student <input type="checkbox"/> Senior <input type="checkbox"/> Senior Couple | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |

Program Information

| Participant Name | Sex | Birthdate | Grade | Shirt | Activity Name | Activity Code | Fee |
|------------------|-----|-----------|-------|-------|---------------|---------------|-----|
| | | | | | | | \$ |
| | | | | | | | \$ |
| | | | | | | | \$ |
| | | | | | | | \$ |
| | | | | | | | \$ |
| | | | | | | | \$ |

Please list the names of any family members needing special assistance to participate in the program(s) and what accommodations are needed _____

Payment

Total Fee \$ _____

Cash Check # _____
 Credit Card Gift Certificate

Card Number _____ Exp _____

Card Holder Signature _____



Oregon Park District
 304 South Fifth Street
 P.O. Box 237
 Oregon, IL 61061
 Phone: 815-732-3101
 Fax: 815-732-3736
 www.oregonpark.org



Waiver

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTIONS 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 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 _____
 Participant's Signature (18 Years or older or Parent/Guardian) Date