Salt Creek Rural Park District

Program Registration Form

Rose Park Administration Building: 847/259-6890 847/259-9975 Fax
530 South Williams Avenue, Palatine, IL 60074

Twin Lakes Recreation Area: 847/934-6050 847/934-2709 Fax
1200 Twin Lakes Drive, Palatine, IL 60074

Salt Creek Sports Center: 847/394-8806
647 Consumers Avenue, Palatine IL 60074

Household Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Cell: _____ E-mail: _____

CODE	PROGRAM NAME	PRICE	PARTICIPANTS FULL NAME	SEX	BIRTHDAY
	Total				

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in Salt Creek Rural Park District's programs you will be waiving any and all claims for injuries you or your child/ward might sustain.

I acknowledge that there are certain risks of physical injury to participants in the Salt Creek Park District's program(s), and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s). I hereby fully release and discharge the Park District, its officers, agents, servants and employees from any and all claims from injuries, damage or loss which may occur due to the participation of myself or my child/ward in any Salt Creek Rural Park District program(s). I further agree to defend, indemnify and hold harmless the Park District its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained or arising out of, connected with or in any way associated with the activities of any program(s) that myself or my child/ward participated in. I also understand that photographs and videos are periodically taken of participants while they are engaged in programs, special events and park activities. I give my permission to Salt Creek Park District to use these photos in future publications.

The Salt Creek Rural Park District welcomes individuals with disabilities into our programs. Please describe any accommodations needed for successful inclusion into the program.
Special Needs: _____ Allergies: _____

THE SALT CREEK RURAL PARK DISTRICT HAS MY PERMISSION TO OBTAIN EMERGENCY MEDICAL ATTENTION WHEN REQUIRED. I HAVE READ AND FULLY UNDERSTAND THE ABOVE DETAILS AND WAIVER , I RELEASE ALL CLAIMS.

X Signature of Participant/Guardian: _____ **Date:** _____

Payment must be in full at time of registration. Checks payable to Salt Creek Rural Park District. A fee of $20 will be charged to you for any check returned to the District by the bank for any reason. If using the fax registration please call to verify receipt.

Special Registration/Fax restrictions and dates for the following: Golf Leagues, Private Lessons, Preschool, Sand Volleyball, Hockey Leagues/Programs, Summer Camps & Softball

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Name as it appears on card: _____ **Visa___ MasterCard___ Discover___**

Credit Card #: __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __ **Expiration Date:** _____

Signature to approve use: _____ **Date:** _____

Please do not email credit card information.