REGISTRATION FORM

1 Family Information

Family Last Name:	Home Phone:
Address:	Work Phone:
City, State:	Cell Phone:
Zip Code:	Email Address:

2 Registration

Program Number	Program Name	Participant's First and Last Name	Birth Date	Grade	Age*	Sex	Fee

*A certified county birth certificate is required to be on file for all participants 5 years & under before registration will be accepted.

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

3 Waiver

Please read this form carefully and be aware that in registering for and participating in the above program you will be waiving and releasing all claims for injuries that you or the above participants may sustain while participating in the programs. As a participant, parent, or legal guardian of a participant in the above-named activity and/or program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, including death, damages or loss which I, or the above participant(s) may sustain as a result of participating in any and all activities with or associated with such program, including any risks inherent in out-of-state and/or air travel. I do further agree to indemnify, hold harmless, defend and covenant not to sue the Village of Orland Park and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and loss sustained by me or the above participants and arising out of, connected with, or in any way associated with the activity and/or my participation in the program.

I permit and hereby give my consent to the taking of photos, audio and video tapes of me or my likeness during Recreation & Parks Department activities for publication and use as the department deems necessary. To participate in Village of Orland Park Recreation & Parks department programs, all persons ages eighteen and older are required to sign the Waiver and Release of All Claims Form. I have read and fully understand the refund policy located in the registration information section. I agree to waive and relinquish all claims that I, or the above participants, may have as a result of participating in the programs against the Village of Orland Park and its officers, agents, servants and employees. I do hereby fully release and discharge the village and its officers, agents, servants and employees from any and all claims from injuries, including death, damages or loss which I, or the above participants, may have or which may occur to me (us) as a result of participation in a program.

I understand and acknowledge that the village is not responsible for and assumes no liability for the dispensing or administering of any medication to the participant. I hereby fully release and discharge the Village of Orland Park, its officers, agents, servants and employees from any and all liability with respect thereto, and accept full responsibility for the dispensing and administering of any medication which may or may not be vital to the participant's health and well-being. By signing below, as the legal guardian of a disabled adult participant(s), I hereby expressly represent and certify of the Village of Orland Park that I am the legal guardian of the above-named participant(s) and that I have determined that it is in the best interests of such person(s) to participate in the program and to waive and relinquish all claims for injuries that I, or the above-named participant(s) may have arising out of, connected with, or in any way associated with the program. I have read and fully understand the above Program Registration Information, policies and waiver, releasing the Village of Orland Park of all claims.

X _____ **X** _____ Date _____

Mandatory signature(s) of each participant, 18 & over, parent or legal guardian of minor or disabled adult

4 Payment

Amount of Payment: $		☐ Check #	☐ Cash
☐ Visa	☐ MasterCard	☐ Discover	
Card Number:			Exp. Date:
Card Holder Name:			
Authorized Signature:			
I agree to pay the amount charged to the card listed above in accordance with the card issuer agreement.			

Office Use Only

Date:	Initials:
R NR M DL NL	

5 How did you hear about this program?

- ☐ Program Guide
- ☐ Flyer
- ☐ Website
- ☐ Newspaper
- ☐ Other

6 Submit Form

Make checks payable to:

Village of Orland Park

Register by mail, fax, or in person:

Franklin Loebe Center
14650 S. Ravinia Ave.
Orland Park IL 60462
708-403-6274 (fax)

or

Sportsplex
11351 W. 159th Street
Orland Park IL 60467
708-364-7234 (fax)

We encourage you to use Touch Tone Registration. Inquire at either office.

7 Questions?

708-403-PARK (7275)
708-645-PLAY (7529)