Schaumburg Park District Program Registration Form

EMAIL_____

FAMILY LAST NAME_____ **PAYOR'S NAME**_____

ADDRESS_____ **CITY**_____ **ZIP**_____

❑ Please check if this is a new address which has changed during the past 6 months.

HOME PHONE_____ **CELL PHONE**_____ **WORK PHONE**_____

EMERGENCY PHONE_____ **EMERGENCY CONTACT**_____ **EMAIL**_____

Phone numbers are very important in completing your registration form.

AMERICANS WITH DISABILITIES ACT SPECIAL NEEDS?

❑ **Yes Please call 847/490-7015 or email support@parkfun.com. Name of Participant**_____

The Schaumburg Park District makes every effort to comply with the intent and spirit of the Americans With Disabilities Act. If you need any special accommodations, please call the Park District at 847/490-7015 so that we may make the necessary arrangements for you.

Participant's First Name	Course Barcode	Course Title	2nd (✓)	Participant's Birthdate	Sex	Fee	

Second choice programs or classes should be indicated in this column with a check **(✓)**.

If program fees are not equal, please pay the higher amount; the balance will be refunded. Participants will automatically be placed in second choice program if indicated and will be subject to regular cancellation policy.

SUBTOTAL	
SCHAUMBURG PARK FOUNDATION DONATION	
CREDIT BALANCE ON ACCOUNT	( )
TOTAL ENCLOSED	

Take Time for Fun! Schaumburg Park District

IMPORTANT NOTE: By registering for Park District programs, or purchase of a fitness pass, the registrant realizes the inherent risks involved in the programs and appreciates the nature of the risks. The registrant holds the Schaumburg Park District harmless for any damages caused by participation in these programs. Participants registering for activities of a strenuous nature are encouraged to seek a physician's approval.

The Park District reserves the right to change or alter information printed in this publication including policies, fees, times and locations.

PHOTOS/VIDEOS: Registrants and participants permit the taking of photos and videos of themselves and their children during Park District activities for publication and use as the Park District deems necessary.

Method of Payment

❑ Cash ❑ Check

❑ Credit Card

VISA DISCOVER AMERICAN EXPRESS MasterCard

Card #_____ Exp. Date_____

(Include 3 digit code on back of card)

Name_____ Signature_____

(Please print as it appears on card)

OFFICE USE ONLY

Total Paid $_____ Check #_____ ❑ Charge ❑ Cash Accepted by_____ Date_____

Registration Phone: 847/490-7020