



Springfield Park District

Where You Can Play, Your Way, Everyday!

www.springfieldparks.org

Zoo Registration Form

1 Family Information

Name:			Name:		
Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No			Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>By checking YES in the Guardian box you are confirming that you have the authority to sign the minor participants up for a Springfield Park District program. The Springfield Park District is not responsible for individuals who misrepresent themselves in the Guardianship role.</i>					
Address:		City:	Zip:	Address:	
Phone:		Email:		Phone:	
		City:	Zip:		
		Email:			

2 Sign the Waiver

A waiver and release can be found on the back of this registration form, please read carefully. The participant or parent/guardian is required to sign the waiver before participating in Springfield Park District programming.

Yes, I have signed the waiver located on the back of this form.

3 Select Programs for Each Participant

Participant's Name	Sex	Date of Birth	Program Name	Program Date	Res. \$	NR \$
	<input type="checkbox"/> M <input type="checkbox"/> F					
	<input type="checkbox"/> M <input type="checkbox"/> F					
	<input type="checkbox"/> M <input type="checkbox"/> F					
	<input type="checkbox"/> M <input type="checkbox"/> F					
	<input type="checkbox"/> M <input type="checkbox"/> F					
	<input type="checkbox"/> M <input type="checkbox"/> F					
	<input type="checkbox"/> M <input type="checkbox"/> F					
	<input type="checkbox"/> M <input type="checkbox"/> F					
ADA Accommodations: Disability-related support is available for all Springfield Park District related programs.					I need a modification because of a disability to enjoy this program. <input type="checkbox"/> Yes <input type="checkbox"/> No I have a current physical to participate in Special Olympics. <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you hear about this program? <input type="checkbox"/> Brochure <input type="checkbox"/> Social Media <input type="checkbox"/> Friend <input type="checkbox"/> Website <input type="checkbox"/> Other _____					Program Total: Donation: Total Due:	

4 Financial Assistance (Optional)

The Springfield Park District manages a financial assistance program designed to offset registration fees for community members who need financial assistance. This program allows members of the Springfield community to benefit from park district programs and activities regardless of financial status.

If you would like to make a donation to the Scholarship Fund, please add the desired amount to your total fee.

Yes, I would like to make a donation in the amount of \$ _____

5 Method of Payment

Payment Amount	<input type="checkbox"/> Cash <input type="checkbox"/> Card	<input type="checkbox"/> Visa <input type="checkbox"/> American Express
Credit Card #	<input type="checkbox"/> Check	<input type="checkbox"/> MasterCard <input type="checkbox"/> Discover
Card Holder	Ex. Date	3-Digit
Check #	Authorized Signature	



Return Form to the Park District

Drop-off registration to program facility or mail with payment to:
 Springfield Park District
 2500 S. 11th Street
 Springfield, IL 62703
 Questions? Call: 217-544-1751



To learn more on how you can support Illinois Park District through the Park District Youth Program license plate initiative please visit www.cyberdriveillinois.com.



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WAIVER, RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT FOR SPRINGFIELD PARK DISTRICT

Please read this form carefully and be aware that, in signing up and participating in the program(s) identified on the front side of this form, you will be waiving and releasing all claims for injuries, arising out of this program, that you or the participant(s) might sustain. The terms, "I," "me," and "my" also refer to parents or guardians as well as the participants in the program. In registering for the program, you are agreeing as follows:

I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risks of any injuries, including death, damages or loss which I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with the identified program(s). I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury.

I agree to waive and relinquish any and all claims I may have as a result of participating in the program(s) against the Springfield Park District, any and all other participating or cooperating governmental units, any and all independent contractors, officers, agents, servants and employees of the governmental bodies and independent contractors, and any and all other persons and entities, of whatever nature, that might be directly or indirectly liable for any injuries that I might sustain while participating in the program(s). (The parties described in the preceding sentence are referred to as "Released Parties" in the remainder of the Agreement.) I do hereby fully release and discharge the Springfield Park District, and any and all other Released Parties, from any and all claims resulting from injuries, including death, damages and losses sustained by anyone, and arising out of, connected with or in any way associated with my conduct and the activities of the program(s). Notwithstanding the foregoing, nothing herein shall

be construed as a release or waiver of any claims arising from willful and wanton conduct under the Local Governmental and Governmental Employees Tort Immunity Act, 745 ILCS 10/1-101, et seq.

I further understand and agree that the terms such as "participation," "program" and "activities," referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in the program(s), and further include the provision of or failure to provide proper instructions or supervision, the use and adjustment of any and all machinery, equipment and apparatus, and anything related to my use of the services, facilities or premises involved in the program(s). I give my consent for the personnel of the Springfield Park District to secure emergency medical care and/or first-aid treatment as my child might require while under supervision of said personnel. I also acknowledge and accept full responsibility for any medical expenses related to such care.

I hereby grant to the Springfield Park District the right to use and publish photographs or other images of my child, or in which he or she may be included, for website design, editorial, trade, merchandising display and advertising for the purpose of promoting any Springfield Park District program; to alter the same without restriction and to copyright the same. I hereby release the Springfield Park District from all claims and liability relating to said photographs.

I understand the nature of the program for which I am registering and have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisements or warnings of the particular risks of this program that I subsequently receive will be incorporated by reference into and become a part of this Agreement.

Print Name

Signature

Date

Print Name

Signature

Date

If participant is a minor under the age of 18, a parent(s) or custodial parent(s) MUST sign.