ARLINGTON HEIGHTS PARK DISTRICT
Activity Registration Form

Step 1: Family Information (Please print parent/guardian/head of household information):

First Name: ___________________________ Last Name: ___________________________
Home Phone: ___________________________ Cell Phone: ___________________________
Street Address: ____________________________________________________________ Date of Birth: _________________
City: ___________________________ State: ______________________ Zip: ______________________

Email (Required for all future online registrations): ______________________

Payer’s Information: ___________________________ (If different from above)
(Name)                  (Street Address)                      (City, State)          (Zip)              (Date of Birth)

Step 2: Activity Enrollment

<table>
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<tr>
<th>Participant (First and Last Name)</th>
<th>Sex</th>
<th>Date of Birth (mm/dd/yr)</th>
<th>Activity Name</th>
<th>Activity Number</th>
<th>Fee</th>
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In accordance with the American with Disabilities Act, are there any special accommodations or assistance requested?
________________________________________________________
________________________________________________________

Step 3: Payment Options

- Cash (In-Person ONLY)
- Check                  Check # ________
  Note: $20 fee for returned checks
- Gift Certificate $ ________
- Visa Mastercard Discover (In-Person ONLY)

Effective November 1, 2015: Cash payments will only be accepted in-person. Credit card payments will only be accepted online or in-person.

Step 4: Please review and sign

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION 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 Arlington Heights Park District, including its officials, agents, volunteers and employees. I have read and fully understand the above waiver and release of all claims and assumption of risk. If registering on-line, acceptance of on-line waiver shall substitute for and have the same legal effect as an original form signature.

PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on the waiver.

Step 5: Return Form

Mail: 410 N. Arlington Hts Rd. Arl Hts, IL 60004
In-Person: Admin Center, Olympic Pool, Camelot, Frontier, Heritage, Pioneer, Recreation, Sr Center, Heritage Tennis Club, Forest View Racquet and Fitness Club
Online: Save time and register at www.ahpd.org

Arlington Heights Park Foundation Donation
Total Payment included $ ________

Participants Signature ___________________________ (18 years or older/Parent/Guardian)
Today’s date ___________________________