

 **Urbana** Park District
Registration Form
 505 W. Stoughton Ave • 217-367-1544

F P M I _____ R/NR
 Date received _____
 Date entered _____
 Main Contact ID # _____

Email _____ Print _____

Parent/Guardian (Please Print) _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Home (____) _____ - _____ Work (____) _____ - _____ Cell (____) _____ - _____ Email _____

Emergency Phone (____) _____ - _____ Emergency Contact's name _____

Name (First, Last)	DOB	M/F	Grd	Age	Code	Program	Date	Fee*	Office use	
Special Services Required, Food allergies etc.									Total	

* Nonresidents please refer to registration information in brochure

Youth Scholarship Fund - I would like to contribute \$ _____ to the Park District's Youth Scholarship Fund. This fund assists children who demonstrate financial need to participate in UPD programs.

I have read the Waiver and Release of All Claims on the reverse side.

Signature _____
Date

FOR OFFICE USE:
 Amount \$ _____ Check _____ TPB: _____ MCID# _____
 Cash Receipt # _____ Taken by _____ Entered by _____ **CC: V M D**

Help Us

Take an
online survey
 and tell us
 how we are
 doing and
 what we can
 do better.



Scan this barcode with your smart phone to take you to the survey.

Waiver and Release of All Claims

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s), and I agree to assume the full risk of any injuries, damages or loss regardless of severity that I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated such program(s). I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the District and its officers, agents, servants and employees.

I do hereby fully release and discharge the District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s).

I further agree to indemnify and hold harmless and defend the District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the program(s). In the event of an emergency, I authorize District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or any minor child/ward's immediate care and agree that I will be responsible for payment of all medical services rendered.

A cancellation fee may be charged if you cancel a class or program.

Main Contact: _____ Date: _____

If you need more space for programs for your children, please use the space provided below.

										Office use Adjustments	
First Name	Last Name	DOB	M/F	Grd	Age	Code	Program	Date	Fee*		
Special Services Required, Food allergies etc.										Total	

* Nonresidents please refer to registration information in brochure