



O'Fallon Parks & Recreation Dept.

Office Address: Katy Cavins Community Center 308 East 5th Street

Mailing Address: 255 South Lincoln Street, O'Fallon, IL 62269

Phone Number: 618-624-0139 Fax: 618-624-5308

REGISTRATION:

In order to record your family in our new computer registration program, please supply the following information. Please, print all information.

1 – HOUSEHOLD CONTACT: Adult responsible for sign-up and payment

Last Name: _____ First Name: _____ Email: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone Number: _____ Alt. Phone Number: _____

2 – PROVIDE INFORMATION FOR ALL MEMBER OF HOUSEHOLD: If you have already supplied this information, you may skip to Section #3

	Name	Birth date	Male / Female	School Grade	Health Concerns
Person 1					
Person 2					
Person 3					
Person 4					
Person 5					

3 – I WOULD LIKE TO REGISTER FOR:

Program Name	Session Number	Level	Participant's Name	T-Shirt Size	Program Fee
				Total	

4 – PAYMENT METHOD: Cash: _____ Check #: _____ Credit Card: _____

Circle Card type: Visa MC	Card Holder Name (Please Print) _____
Card # _____	Exp. Date ____ / ____ Amt. of Payment \$ _____
Authorized Signature _____	

5 – Waiver and Release of All Claims: (Must be signed)

Please, read this form carefully and be aware that in signing up and participating in this program, 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 (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program, 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 against the O'Fallon Park and Recreation Department including its officials, agents, volunteers, and employees (hereinafter collectively referred to as the Parks/Rec Dept.)

I do hereby fully release and forever discharge the Parks/Rec Dept. from any and all claims for injuries, damages or loss that my minor child/ward or I 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 this program.

Warning of Risk: Recreational programs are intended to challenge and engage the physical, mental, and emotional resources of each participant. Despite careful and proper preparation, instruction, and medical advice, conditioning, and equipment, there is still a risk of serious injury when participating in any recreational program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers, and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances in herent to indoor and outdoor recreational programs exist. In this regard, it must be recognized that it is impossible for the Parks/Rec Dept. to guarantee absolute safety.

Refunds can be returned to account or refunded back by credit card or check – Checks will be returned by mail please allow 2 to 4 weeks for delivery. Absolutely no refunds will be made once a program has begun unless O'Fallon Parks & Recreation has altered or canceled a program, or our refund policy is followed: Programs that do not reach the minimum enrollment will be cancelled. In the event that a program is canceled in mid-session, a prorated refund will be issued.

6 – Parent and/or Legal Guardian Signature: _____ Date: _____

Parents: Would you be willing to serve as a volunteer Coach? Yes _____ No _____