

Class & Program Registration Form



Please fill out the registration form completely for all family members. Please return completed form along with proper fee to: Bensenville Park District, 1000 W. Wood St., Bensenville Illinois 60106, (630) 766-7015. Or fax to 630-766-9280. All registrants must have Household Information on file with Bensenville Park District prior to registration.

Family Last Name _____

Address _____ City _____ Zip _____

Phone _____ Email* _____

ATHLETIC LEAGUES ONLY

Player/coach requests

Interested in volunteer coaching?

Yes No

PARTICIPANT	BIRTH DATE	GRADE	M/F	PROGRAM	ACTIVITY #	FEE

SHIRT SZ	SHORT SZ

Please list any reasonable assistance which you may require to participate in our programs.

TOTAL \$ _____

Assistance request: _____

Note: If check is returned to the park district stamped nonsufficient funds, full payment as well as a \$25 fee will be required via cash or credit card before participation in Bensenville Park District programs can continue.

* By providing your e-mail address you will receive valuable information about events, programs and services offered by Bensenville Park District. We respect your privacy, allowing you to opt out of receiving e-mails at any time. We do not lend or sell your personal information to any outside parties.

"As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including loss of life, damage or loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs." I further agree to waive and relinquish all claims, fully release and discharge and agree to indemnify and hold harmless and defend the park district and its officers, agents, servants and employees from any and all claims resulting from injuries including; loss of life, damages and losses sustained by me and arising out of, connected with or in any way associated with the activities of the program. By signing this document, you signify that you have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Participant Signature (if over 18) _____ Date _____

Parent or Guardian Signature (required if under 18) _____ Date _____

Credit Card# V M D: _____ Exp. Date: _____ CVV#: _____

Authorized Cardholder Signature: _____ Zip Code: _____