



# GOLF MAINE PARK DISTRICT REGISTRATION FORM

Parent/Guardian Last Name \_\_\_\_\_ First Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone #(s) \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Name \_\_\_\_\_ Home Phone # \_\_\_\_\_ Wk/Cell # \_\_\_\_\_

If participant requires special accommodation/assistance for program enjoyment, please describe:

<u>Program Name &amp; Number</u>	<u>Participant's Full Name</u>	<u>Birthdate</u>	<u>Fee</u>

Total Fees \_\_\_\_\_

Method of Payment:

Cash (do not send in mail)      Check # \_\_\_\_\_      MasterCard      Visa

Credit Card Authorization for Mail In and Fax Registrations:

Card/Account No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ Charge Amount \$ \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Authorized Signature \_\_\_\_\_

Remit to: Golf Maine Park District    8800 W. Kathy Lane    Niles, IL 60714-5708

Phone 847-297-3000    Fax 847-297-6179

WAIVER FORM & RELEASE OF ALL CLAIMS

As a participant in the above program(s), those listed above recognize and acknowledge that there are certain risks of physical injury and those listed above agree to assume the full risk of any injuries, including death, damages or loss which those listed above sustain as a result of participation in any and all activities connected with or associated with such programs. Those listed above agree to waive and relinquish all claims those listed above may have as a result of participation in the programs(s), against the Golf Maine Park District, its officers, agents, servants and employees. Those listed above hereby fully release and discharge the Golf Maine Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss which may accrue to those listed above on account of participation in the program(s). Those listed above further agree to indemnify and hold harmless and defend the Golf Maine Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by those listed above arising out of, connected with, or in any way associated with the activities of the program(s).

I have read the above recreation waiver and release of all claims and understand that my signature is required below in order to participate in any Golf Maine Park District programs. Signature is required of all participants 18 years or older and of parent/guardian for those participants under 18 years of age.

Participant's Signature Or Parent/Legal Guardian Signature (if participant is under 18 years) \_\_\_\_\_ Date \_\_\_\_\_

\*\*Office Use Only\*\* Date Payment Received \_\_\_\_\_ Receipt # \_\_\_\_\_ Staff Initials \_\_\_\_\_