

Oak Lawn Park District Registration Form

Please print and use one line per program. If necessary, use more than one form.
All members of a household must live at the same address.

Main Contact Information

Last Name: _____ First Name: _____

Address: _____ City/State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

If your participant(s) require an inclusion aid due to special needs please contact the Special Recreation Department at (708) 857-2200

Please refer to brochure for correct registration procedures. Be sure to fill out this form completely, including signing it. Registration can be taken at any Oak Lawn Park District front desk, with the exception of Stony Creek. In order to receive resident rates, patrons must prove residency with a valid driver's license or state ID during their first facility visit, or in the event of an address change. If these items are not available, we will accept a photo ID with a copy of a utility bill, mortgage or lease document. If residency cannot be proven, patron will be required to pay non-resident rates. There will be a \$30 charge for NSF (non-sufficient funds) checks.

Activity #	Activity Name	Participant Name	Birthday	Fee
Total Fees:				

Waiver Release of All Claims

Please read this form carefully and be aware that when registering yourself or your minor child/ward for participation in the above program/programs, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of Park program/programs. I recognize and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with 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 Oak Lawn Park 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, damages or loss which I or my minor child/ward may have or which may occur to me or my minor child/ward arising out of, connected with, or in any way associated with the activities or the program(s), to include all claims arising out of, connected with or in any way associated with the activities of the transportation service, including but not limited to boarding, exiting and transporting. In the event of any emergency, I authorize District officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/wards immediate care and agree that I will be responsible for payment of any and all medical services rendered. I also give my permission for any photographs/videos of me/my child/ward taken by the park district at a park-district program to be used for park-district publicity purposes. I have read and fully understand the above information, warning of risk, assumption of risk, and waiver and release of all claims and permission to secure treatment. If registering online or via fax, I understand my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Signature: _____ Date: _____

Office Use Only

Employee Initial: _____ Proof of Residency (Type)*: _____ Household #: _____

**Residency only needs to be proven the first time a patron visits a facility, or when there is an address change.*