



# PROGRAM REGISTRATION FORM

Willowbrook Parks & Recreation Department

835 Midway Dr., Willowbrook, IL. 60527

630-332-8215

Household Last Name				Date of Registration
Address				
City		State	Zip Code	
Phone Number				
Email Address				
Emergency Contact	Name		Phone Number	

## Class/Program/Trip Information

Code	Class/Program/Trip Name	Participant's FULL Name	Birthday (M/D/YR)	M/F	Allergies	Amount Due
					<b>TOTAL</b>	

**Credit Card Payment** (check one) Visa\_\_\_\_ Master Card\_\_\_\_ Discover\_\_\_\_ **NO AMERICAN EXPRESS**

Account #: \_\_\_\_\_ 3-Digit Security Code: \_\_\_\_\_ Exp. Date (MO/YR): \_\_\_\_/\_\_\_\_

Cardholder Name (print): \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

**Release and Hold Harmless Waiver:** Please read this form carefully. As a participant in the Class/Program/Trip, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any property damage, physical injuries, including death, damages, or loss 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. I agree to waive and relinquish all claims I or my minor child/ward may have because of participating in the program against the Village of Willowbrook and its officers, agents, servants, and employees. I do hereby fully release and discharge the Village of Willowbrook and its officers, agents, servants, and employees from any and all claims from property damage, injuries, including death, damages, or loss which I or my minor child/ward may have, or which may accrue to me on account of my participation in the program. I further agree to indemnify and hold harmless and defend the Village of Willowbrook and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with activities of the program.

I have read and agree to the above:

Participant(s): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian, if under 18: \_\_\_\_\_ Date: \_\_\_\_\_