SEPT • DEC, 2019 REGISTRATION



REGISTRATION

ONLINE at btpd.org

Please Print Legibly

MAIL TO:

BTPD Registration

459 N. Kennedy Drive • Bourbonnais, Illinois 60914 or fax to (815) 933-5468 with credit card information and signature

How to Register: Register ONLINE at www.btpd.org. WALK-IN, and MAIL-IN registrations are accepted at the Recreation Station, Perry Farm House and Exploration Station. Registration by phone is not accepted. Full payment is due at the time of registration. It is advised to register early because of limited space. If a program fills, interested participants will be placed on a waiting list and every effort will be made to accommodate that request. Cancellations for programs must be received at least 48 hours before the start of each session in order for a refund to be considered. Refunds will not be given for trips. There are no exceptions to this policy.

ast Name	First Name			Cell Phone #	Cell Phone # Ce			l Phone Provider	
Street Address	City			Zip	Work Teleph	lephone # Home Telephone #		ne #	
E - mail Address		Emergency Contact Name & Telephone #							
Participant's Name	Age Birth Date Ge		Gender	Program N	Program Name		Shirt Size	Fee	
Do you need any special accommodations?									
Total Paid #: Accepted by: Date Entered: Family ID#:									
Manner of payment: Check #: Cash: CC#: MasterCard o								d or VISA	
Cardholder's Signature: 3 Digit Code Receipt #:									
WAIVER AND RELEASE PERMISSION TO SECUR ** Please read this form carefully minor child(ren)/wards for partic Township Park District, you wi injuries you or your child(ren)/wards giving permission to secure I recognize and acknowled injury to participants in the pro full risk of any injuries, damages minor child(ren)/wards may sust activities connected with or asso I agree to waive and relin child(ren)/wards, may have agai and its officers, agents, servants in the programs. I do hereby fully release of Park District and its officers, ag all claims resulting from injurie child(ren)/wards, may have or wh wards and arising out of, connected activities of the programs. I further agree to indemnify expense, the Bourbonnais Town servants and employees from the	out of, connected the programs. In the event of Park District reprophysician and/or id by them for the agree that I will be services rendered same from the Bo or its insurance property to Secure Treatment as same and is requiply Parental signature to be contained by the secure of	damages or losses sustained by me or my minor child(ren)/wards arising out of, connected with, or in any way associated with the activities of the programs. In the event of any emergency, I authorize the Bourbonnais Township Park District representatives to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary by them for the immediate care of me or my child(ren)/wards, and I agree that I will be solely responsible for payment of any and all medical services rendered with no right to recovery, having waived my right to same from the Bourbonnais Township Park District, its representatives, or its insurance provider. I have read and fully understand the details of the programs and agree to abide by this Waiver and Release of All Claims and Permission to Secure Treatment. I have carefully read the Waiver and Release of All Claims and Permission to Secure Treatment and understand that my signature below acknowledges same and is required in order to participate in Park District programs. Parental signature is required for participants under the age of 18 years. Dated:							

NEW POLICY BANNING SMOKING AND TOBACCO PRODUCTS ON ALL BTPD PROPERTIES.

btpd.org REGISTRATION