



# REGISTRATION ONLINE at [btpd.org](http://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](http://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.

Last Name First Name Cell Phone # Home Telephone #

Street Address City Zip Work Telephone #

E - mail Address Emergency Contact Name & Telephone #

Participant's Name	Age	Birth Date	Gender	Program Name	Program #	Shirt Size	Fee

Do you need any special accommodations?  Yes  No

Total Paid #: \_\_\_\_\_ Accepted by: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Family ID#: \_\_\_\_\_

Manner of payment: Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ CC#: \_\_\_\_\_ MasterCard or VISA

Cardholder's Signature: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3 Digit Code \_\_\_\_\_ Receipt #: \_\_\_\_\_

### WAIVER AND RELEASE OF ALL CLAIMS AND PERMISSION TO SECURE TREATMENT

**\*\* Please read this form carefully and be aware in registering yourself or your minor child(ren)/wards for participation in any programs of the Bourbonnais Township Park District, you will be waiving and releasing all claims for injuries you or your child(ren)/wards might sustain arising therefrom and also giving permission to secure treatment for any said injuries.**

I recognize and acknowledge that there are certain risks of physical injury to participants in the programs, and I agree to assume the sole and full risk of any injuries, damages or losses regardless of severity which I or my minor child(ren)/wards may sustain as a result of participating in any and all activities connected with or associated with any such programs.

I agree to waive and relinquish any and all claims I, or my minor child(ren)/wards, may have against the Bourbonnais Township Park District and its officers, agents, servants and employees as a result of participating in the programs.

I do hereby fully release and discharge the Bourbonnais Township Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages or losses which I, or my minor child(ren)/wards, may have or which may accrue to me or my minor child(ren)/wards and arising out of, connected with, or in any way associated with the activities of the programs.

I further agree to indemnify and hold harmless and defend, at my sole expense, the Bourbonnais Township Park District and its officers, agents, servants and employees from any and all claims resulting from injuries,

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: \_\_\_\_\_

Signature: \_\_\_\_\_

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