

REGISTRATION FORM

program and pelican pass

Adult/Guardian _____ Date ____/____/____
 (Please Print) First Last

Address _____ City _____ Zip _____

Phone Home (____) - ____ - ____ Cell (____) - ____ - ____ Work (____) - ____ - ____

Email Address _____

PROGRAM and PELICAN PASS REGISTRATION

Mail or bring to: Annerino Community Center 201 Recreation Drive, Bolingbrook, IL 60440 **or**
 Bolingbrook Recreation & Aquatic Complex 200 S. Lindsey Lane, Bolingbrook, IL 60440
 → Please make checks payable to the **Bolingbrook Park District**.

We invite registrations by people with disabilities. If you need assistance to participate, please mark an "x" in YES box. YES NO

CODE	PARTICIPANT'S/ PASS HOLDERS NAME	BIRTHDATE	GENDER	FEE	PROGRAM NAME	DAY	TIME

Would you like to make a donation to the Bolingbrook Park District's Financial Aid Program?

NO YES—please select which amount: ___ \$1 ___ \$5 ___ \$10 ___ Other (\$ _____)

TOTAL
\$



PHOTO: I understand that my child/ward or I may be photographed or videotaped while participating in a Bolingbrook Park District program or facility. I give permission for photos and videotapes of my child/ward or me to be used to promote the Park District. Such photos and videotape will remain the property of the Bolingbrook Park District.

WAIVER AND RELEASE FOR PARTICIPANTS OR/BY PARENT

Must be signed by parent if under 18.

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Bolingbrook Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "Bolingbrook Park District").

I do hereby fully release and forever discharge the Bolingbrook Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering online, your online signature shall substitute for and have the same legal effect as an original form signature.

Signature _____ Date _____

(18 years or older or Parent/Guardian)

Note: The Bolingbrook Park District does not carry medical or accident insurance for its participants. The cost of such insurance would make programs cost prohibitive. We suggest that you look at your own insurance policy to be sure you are adequately covered. The Park District assumes no responsibility for personal injuries or loss of personal property. **107**

RESIDENT ID


registration

Adult/Guardian _____ Date ____/____/____
 (Please Print) First Last

Address _____ City _____ Zip _____

Phone Home (____) - ____ - _____ Cell (____) - ____ - _____ Work (____) - ____ - _____

Email Address _____

ONLINE REGISTRATION 

With your Resident ID, you are automatically able to register for programs online at www.bolingbrookparks.org. You will receive your login and password via email within 10 business days to be able to register for programs online.

PARTICIPANT'S NAME (First & Last)	BIRTHDAY (Month/Day/Year)	GENDER (Male/Female)	BIRTH CERTIFICATE (Verified)

STAFF USE ONLY

Information Provided
 (Please circle)
 Gas Utility Bill
 Water Bill
 Electric Bill
 Property Tax Bill
 Vehicle Registration Card

New Household Only
 Current Photo ID
 Birth Certificate
 Passport
 Proof of guardianship

ACC LS BRAC

Birth Certificate Verified

Date Received: _____ Staff Initials: _____

Household ID: _____