



# REGISTRATION FORM

**SAVE TIME - REGISTER ONLINE!**

**PLEASE PRINT CLEARLY.**

Complete all seven steps. Missing information will delay your registration.

## 1. ADULT PARTICIPANT OR PARENT/GUARDIAN INFORMATION

Choose one:  CPD/UPD resident  non-resident

First & Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Check here if your address or phone number has changed.

**EMERGENCY NAME & PHONE(S):** \_\_\_\_\_

## 2. PARTICIPANT INFORMATION

| Class ID # | Program Title | *Fee | First & Last Name | Sex  | Birthdate (mm/dd/yy) | Grade | Shirt Size (if applies) |
|------------|---------------|------|-------------------|--|----------------------|-------|-------------------------|
|            |               |      |                   | <input type="checkbox"/> M<br><input type="checkbox"/> F |                      |       |                         |
|            |               |      |                   | <input type="checkbox"/> M<br><input type="checkbox"/> F |                      |       |                         |
|            |               |      |                   | <input type="checkbox"/> M<br><input type="checkbox"/> F |                      |       |                         |
|            |               |      |                   | <input type="checkbox"/> M<br><input type="checkbox"/> F |                      |       |                         |
|            |               |      |                   | <input type="checkbox"/> M<br><input type="checkbox"/> F |                      |       |                         |
|            |               |      |                   | <input type="checkbox"/> M<br><input type="checkbox"/> F |                      |       |                         |

Yes, I can swing an extra \$5 to help a child participate in a Park District program.

Total payment \$ \_\_\_\_\_

\*Non-Residents (NR) pay 50% more than the resident (R) fee listed. For information about non-residents, see the Program Guide.

The Park District/CUSR occasionally takes photographs or video of participants for promoting/advertising our programs, services, events, activities, and facilities in our brochures, website or agency social media, and other promotional avenues. By registering for, participating in or attending Park District/CUSR programs, events, or other activities, the participant (or parent/guardian of a minor participant) irrevocably agrees to the use and distribution by the Park District/CUSR of his or her image (or of his minor child/ward) in photographs, video recordings, and any other electronic reproductions of such programs, events and activities for any purpose without inspection or approval and without compensation, rights to royalties or any other consideration now and in the future.

## 3. ADA INFORMATION

Do you need any accommodation in accordance with the Americans with Disabilities Act, to participate or use an activity, program, or facility?  Yes  No

Information: \_\_\_\_\_

*NOTE: Untimely or late notification of an accommodation request may result in delay of participation.*

## 4. PAYMENT INFORMATION

Cash (do not mail cash)  Check (payable to Champaign Park District)  
 Credit Card:  Visa  MasterCard

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_



**Waiver on back must be signed.**

# WAIVER AND RELEASE

## 5. CANCELLATIONS/REFUNDS

Cancellation/Refund policy for programs is stated in the Program Guide. By signing below, I agree I have read and understand this policy.

## 6. WAIVER AND RELEASE

### IMPORTANT INFORMATION

Champaign Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. Champaign Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for Park District programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered illness, injury or impairment, to consult a physician before undertaking any physical activity.

### WARNING OF RISK

Recreational activities/programs are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible to guarantee absolute safety.

### WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in the identified programs/activities, you will be 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 said programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, 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 these program/activities against Champaign Park District, Champaign and Urbana Special Recreation, and Urbana Park District, including their respective officials, officers, employees, and volunteers.

I do hereby fully release and forever discharge Champaign Park District, Champaign and Urbana Special Recreation, and Urbana 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 these programs/activities.

I have read and understand the above important information, warning of risk, and waiver and release of all claims and assumption of risk.

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Participant's Name (PLEASE PRINT)

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Signature of Adult Participant or Parent/Guardian (if participant is under 18 years old)

Date

*Participation can be denied if the signature of adult participant or parent/guardian and date are not on this waiver.*

## 7. RETURN TO:

**MAIL:**  
Champaign Park District  
ATTN: Registration  
2307 Sangamon Dr.  
Champaign, IL 61821

**OR FAX:**  
(Credit Cards Only)  
217-398-2563

**OR WALK-IN:**  
Dodds Tennis Center  
Douglass Community Center  
Hays Recreation Center  
Leonhard Recreation Center  
Martens Center  
Springer Cultural Center

**OR ONLINE:**  
champaignparks.org