

Recreation, Parks & Community Health Registration Form



Household Information: (Complete all fields below and sign waiver on back of form). Please Print.

Please complete a separate form for each participant if they do not live at the same address listed below.

Adult/Primary Guardian (first/middle/last) _____ Date of Birth (mm/dd/yr required) _____

Adult/Secondary Guardian (first/middle/last) _____ Date of Birth (mm/dd/yr required) _____

Home Address: _____ City _____ State _____ Zip Code _____

Home Phone () _____ Cell Phone () _____ Cell Phone Provider (to receive text messages) _____

Email Address _____

Emergency Contact Name _____ Emergency Contact Phone Number () _____

Does the participant have any special needs or medical concerns/limitations that we need to be aware of? _____

How did you hear about the program/trip? Rec/Parks Brochure VOPF website Social Media (Facebook, Twitter) Flyer/Signage Other

Print Names of Participant(s) (first/middle/last) Must live at same address listed above.	Sex M/F	Birthdate (Required) (Month/Day/Year)	Grade	T-Shirt Size see chart below	Program No.	Program Name	Fee

Total _____

List t-shirt size above: Youth Sizes YS (6-8), YM (10-12), YL (14-16) Adult Sizes: AS, AM, AL, XL, 1XL, 2XL
 Make checks payable to "Village of Park Forest"
 Mail to: Village of Park Forest c/o Dept. of Recreation, Parks & Community Health, 350 Victory Dr., Park Forest, IL 60466
 Drop Box: Village of Park Forest (outside of Village Hall at 350 Victory Dr.) – Address envelope c/o Dept. of Recreation, Parks & Community Health
 Phone: (708)748-2005 Website: www.villageofparkforest.com
 Online Registration available at <https://apm.activecommunities.com/vopf>
 Credit Card Payments: Master Card Visa American Express Discover
 Card No. _____ Exp. Date _____ Security Code _____
 Name listed on Credit Card _____ Signature of Cardholder _____
If payee is different than Adult/Guardian listed above please complete information below:
 Name _____ Date of Birth _____ Phone: _____
 Address: _____ Email Address: _____
 Email Address _____

Office Use Rev. 10/5/21
 Total Paid: _____
 Form of Payment _____ Split Payment _____
 Cash Charge Check # _____
 Entered Date: _____ Initials _____
 Mail Receipt Email Receipt
 Waiver Mailed Email Waiver

SIGN WAIVER ON BACK OF FORM
 A signed waiver is required before participating in any program.



Department of Recreation, Parks & Community Health
Program, Facility and Equipment Waiver (Rev. 1/21/21)

For Office Use Only
Program _____
Facility _____
Equipment _____

Program(s): _____

Additional Information: _____

Important information:

The Village's parks and facilities are available and maintained primarily for and by the residents of Park Forest. Park Forest is committed to maintaining its facilities and conducting its programs and activities in a safe manner and holds the safety of participants in high regard. Park Forest continually strives to reduce the 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 programs/activities must recognize that there is an inherent risk of injury or exposure to viral infections such as Covid-19 when choosing to participate in recreational activities/ programs.

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

Warning of Risk:

Despite careful and proper preparation, instruction and equipment there is still a risk of serious injury and exposure to viral infections such as Covid-19 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, un-sportsmanlike 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 is impossible for the Village of Park Forest and the Department of Recreation, Parks & Community Health to guarantee absolute safety.

Waiver & Release of All Claims & Assumption of Risk:

Please read this form carefully and be aware that in signing up and participating in this activity you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or a 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 or exposure to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, exposure, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. My family and I further agree to waive and relinquish all claims that my minor child/ward or I may have (or accrue to me or my child/ward), as a result of participation in this program/activity against the Village of Park Forest and the Department of Recreation, Parks & Community Health, including its officials, agents, volunteers and employees (hereinafter collectively referred to as the Department of Recreation, Parks & Community Health).

I do hereby fully release and forever discharge Department of Recreation, Parks & Community Health 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 warning of risk, assumption of risk and waiver and release all claims (if registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature).

Photo Policy - Village of Park Forest staff, contracted and volunteer photographers periodically take photos of program participants and park visitors. Please be aware that these photos are for Village of Park Forest use only and may be used in future publications, websites and paid advertisements.

PARTICIPATION WILL BE DENIED if the signature of the adult participant or parent/guardian and date are not on the waiver or if waiver has been modified.

Print Participant's Name(s): _____

*Please sign/date the waiver and return before the start date of the program/trip. Thank you.

*Participant/Parent/Guardian's Signature: _____ *Date _____