

Bensenville Park District Registration Form

Please fill out the registration form completely for all family members. Please return completed form along with proper fee to: Bensenville Park District, 1000 W. Wood St., Bensenville Illinois 60106, (630) 766-7015. Or fax to 630-766-9280. All registrants must have Household Information on file with BPD prior to registration.

Family Last Name _____

Address _____ City _____ Zip Code _____

Home Phone _____ Work Phone _____ Email _____

PARTICIPANT	AGE	M/F	PROGRAM	ACTIVITY #	DAY	DATE	TIME	FEE

TOTAL \$ _____

Note: If check is returned to the park district stamped nonsufficient funds, full payment as well as a \$25 fee will be required in cash before participation in Bensenville Park District programs can continue.

“As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including loss of life, damage or loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs.”
 I further agree to waive and relinquish all claims, fully release and discharge and agree to indemnify and hold harmless and defend the park district and its officers, agents, servants and employees from any and all claims resulting from injuries including; loss of life, damages and losses sustained by me and arising out of, connected with or in any way associated with the activities of the program. By signing this document, you signify that you have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of 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.

Participants Signature (if over 18) _____

Parent or Guardian Signature (if under 18) _____

NOTE: This registration form cannot be processed without the above signature. Thank you for your cooperation.

Requested Assistance - In compliance with the ADA. Please list any reasonable assistance that you may require.

Cash \$ _____
 Check # _____
 Staff Initials _____

Credit Card # V M D _____
 Expiration Date _____ CVV# _____ Amount _____
 Authorized Signature _____
 Billing Zip Code _____