



Classes & Programs 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 Bensenville Park District prior to registration.

Family Last Name _____


Address _____ City _____ Zip Code _____

Cell Phone _____ Home Phone _____

Email* _____

PARTICIPANT	BIRTH DATE	M/F		PROGRAM	ACTIVITY #	FEE

TOTAL \$ _____

 Bensenville Park District complies with the ADA. Please list any reasonable assistance that you may require. If you have questions or concerns regarding inclusion in our recreation programs, please call Phyllis Schmidt at 630-766-7015, ext. 2004.

Assistance request: _____

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.

* By providing your e-mail address you will receive valuable information about events, programs and services offered by Bensenville Park District. We respect your privacy, allowing you to opt out of receiving e-mails at any time. We do not lend or sell your personal information to any outside parties.

"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 (required if under 18) _____

Cash \$ _____

Check # _____

Staff Initials _____

Credit Card # V M D _____

Expiration Date _____ CVV# _____ Amount _____

Authorized Signature _____

Billing Zip Code _____