

Genoa Township Park District Registration Form



Family Name: _____ Home/Cell Phone: _____
 Address: _____ Emergency Contact: _____
 City: _____ Zip: _____ Emergency Phone: _____
 Email: _____

Participant (include last name if different)	Birth Date	Sex	Activity Name	Shirt Size	Session	Time	Fee

Pleas list the names of any family member needing special assistance to participate in the program(s) and what accommodations are needed:
Total _____

Important Information The Genoa Township Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Genoa 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 this program/activity 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 adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

Warning of Risk Recreational activities 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. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for the Genoa Township Park District 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 this program/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 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 and vehicle operations, 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 Genoa Township Park District, including its officials, agents, volunteers and employees.

Yes/No Would you like to be added to the Park District contact list (emails/texts)?

 Signature of Participant/Guardian (18 years or older or Parent/Guardian)

 Date

Youth Sports Only
 Shirt Sizes Available: YS(6-8) YM(10-12) YL(14-16) AS AM AL AXL
 Participant experience level (circle number): new 1 2 3 4 5 6 7 8 9 10 very experienced
 Days Eligible Practice/Games (circle days): M/T/W/TH/F/Sa/Sun
 Interested in Volunteering: ____ Yes ____ No
 Volunteer Position Interested in: Coach ____ Asst. Coach ____ Ref: ____
 Score Keeper ____ Other (specify) ____

Payment Choice: Please complete this form if being mailed or faxed in
 Make checks Payable to: Genoa Park District 400 E. Second Street
 If paying by CC:
 # _____
 Expiration Date: _____
 Signature: _____