

**Mail to: BTPD Rec. Registration**  
**770 E. Franklin St., Bradley, IL 60915**  
**or fax to (815) 935-2645 with credit card information and signature**

**Please Print Legibly**

Last Name	Primary First Name	Secondary First Name	Home Telephone #
Street Address	City	Zip	Work Telephone # & Name
Emergency Contact Name & Telephone # – specify hours available to call.			E-mail Address

How did you hear about the programs and events offered by the Bourbonnais Township Park District.  
 Herald \_\_\_\_ Journal \_\_\_\_ WVLI \_\_\_\_ WTKC \_\_\_\_ WONU \_\_\_\_ WGFA \_\_\_\_ WKAN \_\_\_\_  
 WYKT \_\_\_\_ Brochure \_\_\_\_ Perry Farm Sign \_\_\_\_ Fliers \_\_\_\_ Friend \_\_\_\_ Other \_\_\_\_  
 Web site \_\_\_\_

Participant's Name	Age	Birth Date	Gender	Program Name	Program #	Shirt Size	Fee

Do you need any special accomodations?  Yes  No

Total Paid #: \_\_\_\_\_ Accepted by: \_\_\_\_\_ Date entered: \_\_\_\_\_ Family ID#: \_\_\_\_\_

Manner of payment: Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ CC#: \_\_\_\_\_ MasterCard or VISA

Cardholder's Signature: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Auth#: \_\_\_\_\_

**WAIVER AND RELEASE OF ALL CLAIMS AND PERMISSION TO SECURE TREATMENT**

**\*\* Please read this form carefully** and be aware in registering yourself or your minor child(ren)/ward(s) for participation in any program(s) of the Bourbonnais Township Park District, you will be waiving and releasing all claims for injuries you or your child(ren)/ward(s) might sustain arising therefrom and also giving permission to secure treatment for any said injuries.

I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s), and I agree to assume the sole and full risk of any injuries, damages or losses regardless of severity which I or my minor child(ren)/ward(s) may sustain as a result of participating in any and all activities connected with or associated with any such program(s).

I agree to waive and relinquish any and all claims I, or my minor child(ren)/ward(s), may have against the Bourbonnais Township Park District and its officers, agents, servants and employees as a result of participating in the program(s).

I do hereby fully release and discharge the Bourbonnais Township Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages or losses which I, or my minor child(ren)/ward(s), may have or which may accrue to me or my minor child(ren)/ward(s) and arising out of, connected with, or in any way associated with the activities of the program(s).

I further agree to indemnify and hold harmless and defend, at my sole expense, the Bourbonnais Township Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages or losses sustained by me or my minor child(ren)/ward(s) arising out of, connected with, or in any way associated with the activities of the program(s).

In the event of any emergency, I authorize the Bourbonnais Township Park District representatives to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary by them for the immediate care of me or my child(ren)/ward(s), and I agree that I will be solely responsible for payment of any and all medical services rendered with no right to recovery, having waived my right to same from the Bourbonnais Township Park District, its representatives, or its insurance provider.

I have read and fully understand the details of the program(s) and agree to abide by this Waiver and Release of All Claims and Permission to Secure Treatment.

I have carefully read the Waiver and Release of All Claims and Permission to Secure Treatment and understand that my signature below acknowledges same and is required in order to participate in Park District programs. Parental signature is required for participants under the age of 18 years.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_