

Holiday Recital-2010

Date: _____
Measurements Taken? <input type="checkbox"/>
Staff Initials: _____

Check here if this is a new phone number or address.

Head of Household

Home Phone (_____) _____ Full Name _____

Email Address _____ Address _____

City, Zip _____

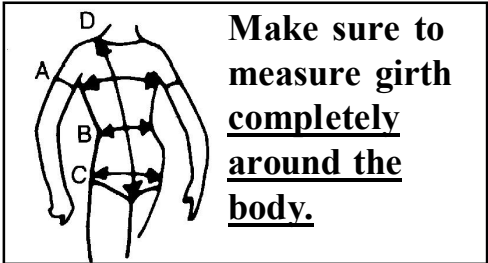
Please remember, once costumes are ordered, no refunds will be issued. Measure carefully & complete all information.

1. _____
 skater's first name skater's last name class you are in for Session 1
2. _____
 ice show group name group registration number fee

Take your child's measurements and list them below to determine your ideal size. Be sure to indicate if your size selection is a Child size or Adult size. Measure GIRTH from the center of right shoulder down thru crotch and up back to right shoulder starting point. Bust development usually requires adult size. If child is heavy framed (hips or bust), go to next larger size. If you need help, call the Ice Arena at 847-671-4268.
Incomplete forms cannot be accepted. Complete a separate form for each ice show number.

3. Enter your measurements (in inches) on these lines.

FEMALE		MALE
_____	bust (A)	_____ chest (A)
_____	waist (B)	_____ waist (B)
_____	hips (C)	_____ hips (C)
_____	girth (A-D)	_____ inseam
_____	height	_____ height



4. Child Size Adult Size

DEADLINE FOR REGISTRATION: October 4

5. Regular Clothing Size: _____ blouse or shirt _____ pants

Check <input type="checkbox"/>	MasterCard <input type="checkbox"/>	Visa <input type="checkbox"/>
Card # _____		
Expiration Date _____		
Total Payment _____		
Signature _____		

Bring this form, with payment attached, on your registration date directly to:
Park District of Franklin Park Ice Arena
 9711 W. Waveland Avenue
 Franklin Park, IL. 60131
 phone: 847-671-4268/fax: 847-671-4755

Park District Of Franklin Park Waiver & Release Of All Claims

Please read the information on the **reverse side of this form** carefully and be aware that in signing up and participating in any program, as indicated on this form, you will be waiving and releasing all claims for injuries you or your child might sustain arising out of that program.

I have read and fully understand the important information located on the reverse side of this form, warning of risk, assumption of risk and waiver and release of all claims. If registering via fax, my facsimile signature shall substitute for and have the same legal effect as an original form signature.

Date: _____

Participant's Name (PLEASE PRINT) _____

Participant's Signature (18 years or older or Parent/Guardian) _____

PARK DISTRICT OF FRANKLIN PARK
ICE-SKATING PROGRAM WAIVER & RELEASE

IMPORTANT INFORMATION

The Park District of Franklin Park is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Park District of Franklin Park continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants's safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

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

WARNING OF RISK

Ice-skating is intended to challenge and engage the physical, mental and emotional resources of the participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including but not limited to head injury, neck or back injury, wrist and ankle fractures, and other orthopedic injuries to limbs and joints. All hazards and dangers cannot be foreseen. The very nature of ice-skating is risky, including but not limited to slip and falls, colliding with other players of varying degrees of skill (including being struck from behind), tripping on irregular ice surfaces, cuts from skate blades, inadequate or defective equipment, ill-fitting skates, failure in supervision or instruction, horseplay, carelessness, poor technique, poor conditioning, rule violations, striking a stationary object, premises defects outside the rink, and all other risks inherent to the sport of ice-skating. In this regard, it must be recognized that it is impossible for the Park District of Franklin Park 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 Park District of Franklin Park, including its officials, agents, volunteers and employees.

PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver. Please sign the reverse side of this form to complete your registration.