

Date: _____
Staff Initials: _____
Progress Report Checked? _____

# Registration Form-Winter 2009-2010

Read details carefully:

- 1) Please print. Fill in your program selections and **all needed information on the application below, or processing may be delayed.** Attach a check or money order payable to the Franklin Park Ice Arena for the full amount. Please do not attach cash.
- 2) One registration form must be completed for each family. Anyone wishing to be in a class with another individual should submit their forms attached together.
- 3) Before your registration is complete, *the waiver must be signed by a parent or legal guardian* for any children under 18 years, and by any adult participating in a program. Participation in any program cannot begin until the waiver is signed.
- 4) Receipts will be mailed prior to the start of the program. Anyone not admitted to a class will be notified by phone. If you are not admitted, you will receive a full refund.
- 5) No refunds will be issued once two classes of the session have passed.

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

Head of Household

Full Name \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

City, Zip \_\_\_\_\_ Email \_\_\_\_\_

PARTICIPANT (First and Last Name)	BIRTH DATE	SEX	CLASS NAME	CLASS NUMBER	DAY	TIME	SCHOOL ATTENDED	FEE

Second Choice for any class (list): \_\_\_\_\_

Do you have any special needs or require any accommodations? \_\_\_\_\_

<input type="checkbox"/> Check <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Card # _____ ExpirationDate _____ Total Payment _____ Signature _____	Consult the Skating School Schedule or Panther Paws Schedule for the current registration dates. Bring this form with payment attached, on your registration date. Make checks payable to to: <b>Franklin Park Ice Arena</b>
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## 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) \_\_\_\_\_

**Franklin Park Ice Arena \* 9711 W. Waveland Ave. \* Franklin Park, IL 60131**  
847-671-4268/fax 847-671-4755 \* website: **fpice.com**

**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' 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.**