

# CHARLESTON PARKS & RECREATION DEPARTMENT ACTIVITY REGISTRATION FORM

Payer's Name	Home #
Birth Date / / Relationship to participant	Cell #
Mailing Address	E-mail
City, State, Zip	Today's Date / /

Make checks payable to:  
Charleston Parks & Rec. Department

Mail To: Charleston Parks & Recreation Department  
520 Jackson Ave, Charleston, IL 61920

ID#	Activity Name	Participant's Name	Circle One	Fee	T-shirt Size	Birth Date
		First	M		YS YM YL AS	Mo.
		Last	F		AM AL AXL	Day Yr.
		First	M		YS YM YL AS	Mo.
		Last	F		AM AL AXL	Day Yr.
		First	M		YS YM YL AS	Mo.
		Last	F		AM AL AXL	Day Yr.
		First	M		YS YM YL AS	Mo.
		Last	F		AM AL AXL	Day Yr.
#002	I would like to donate to the scholarship program to enable all youth the opportunity to participate in CPRD programs.					

Total \$ \_\_\_\_\_



Payment Type      Cash    Check # \_\_\_\_\_    Visa    MC

Card Number \_\_\_\_\_ Exp. \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

**PARTICIPANT'S ADDRESS (IF DIFFERENT THAN PAYER):**

Mailing Address	Home #
City, State, Zip	E-mail

**EMERGENCY INFORMATION:**

Medical/Allergy Alert (please list N/A if none)	
Contact Name	Contact #

**WAIVER AND RELEASE OF ALL CLAIMS**

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the above program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the above program(s).

"I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child/ward may sustain as a result of participation in any activities connected or associated with any such program(s). I waive and relinquish all claims my child/ward or I may have against the Charleston Parks and Recreation Department and its officers, agents, servants and employees as a result of participation in any of the above program(s). I understand that unless specifically stated in writing at the time of registration, photographs of participants may be taken. I hereby fully release and discharge the Charleston Parks and Recreation Department and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward in any of the above program(s). I further agree to indemnify and hold harmless and defend the Charleston Parks and Recreation Department and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or my child/ward, and arising out, connected with, or in any way associated with the activities of any of the program(s). For value received, the receipt and sufficiency of which is acknowledged, I give consent for myself or my child/ward to be the subject of photographs, regardless of their form or content, for publicity, use on social media, advertising, trade or any other lawful purposed whatsoever. I further release the Charleston Parks and Recreation Department, together with its officers, employees, agents, and assigns, from any and all claims for damages for libel, slander, invasion of privacy or any other claim based on the use of said photographs regardless of their form or content."

"I have read and fully understand the above program details and waiver and release all claims."

X \_\_\_\_\_  
Participant (18 years old or guardian) Signature

\_\_\_\_\_  
Date