Registration Form

Complete this form and turn in to any Park District facility.

OSWEGOLAND PARK DISTRICT

Last Name - please print

Address (No box numbers, please)

City **State** **Zip code**

Primary Phone #

E-mail Address (to receive program updates/reminders)

Secondary Phone #

Parent/Spouse to Contact

If your first choice is full, you will be placed in your second choice program. If both choices are full, you will be placed on a wait list for your first choice. If the fees are different, pay the amount of your first choice.

Program Number	Program Name	Fee	Second Choice Program #	Registrant's First Name	Registrant's Birthdate	Gender	Grade 2020-21	T-Shirt Size

Total Payment Due _____

Acknowledgement of Waiver

By checking this box, I read and I understand the waiver and release on page 2 of this form.

Signature of parent/guardian of child(ren) enrolled in class(es) Date

Signature of adult enrolled in class(es) Date

Signature of adult enrolled in class(es) Date

Do you have any special needs that we can accommodate to make participation more enjoyable?

_____

_____

I would like to see the following classes offered: (indicate age group)

_____

_____

If you or your child has a life-threatening allergy, we recommend you read our Allergy Policy in full and provide the Park District with all information, authorization, and waiver/release forms prior to registering. Please request a packet, with policy and forms included, by calling 630.554.1010.

Payment Circle type mastercard VISA DISCOVER AMERICAN EXPRESS **CASH** **CHECK:** _____

Please provide driver's license number if paying by check

Card number Expiration Date

CVV Name on card Authorized Signature