

# ROMEOVILLE PARKS AND RECREATION DEPARTMENT REGISTRATION INFORMATION

## Registration Form

Romeoville Recreation Department • 900 W. Romeo Rd., Romeoville, IL 60446 • (815) 886-6222 • www.romeoville.org

Please fill in all appropriate spaces and sign the back of the form. If you are a first time-registrant, you must show valid proof of residency (i.e. driver's license, current tax bill, vehicle registration, or home purchase contract) when registering. Romeoville residents who have registered for programs within the past year may mail in their registration form along with payment. Payment is due at the time of registration.

### Head of Household Information\*

Head of Household Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_ Secondary Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone (\_\_\_\_) \_\_\_\_\_

Birthdate (mm/dd/yy) \_\_\_\_\_ Email Address \_\_\_\_\_

Check to receive E-News from the Village of Romeoville     Check if address change     Check if phone number change

**\*Refunds for programs will be sent to the head of household at the above address only.**

Participant's First Name	Participant's Last Name (if different)	Birthdate (mm/dd/yy)	M/F	Head of Household's Relationship to Participant	Program Code	Program Name	Fee
1.							\$
2.							\$
3.							\$
4.							\$
5.							\$
6.							\$
<b>TOTAL</b>							<b>\$</b>

### Please check all that apply for each participant:

Name: \_\_\_\_\_  Wears glasses     Seizures     Diabetes     Allergies    Please explain: \_\_\_\_\_

Name: \_\_\_\_\_  Wears glasses     Seizures     Diabetes     Allergies    Please explain: \_\_\_\_\_

Name: \_\_\_\_\_  Wears glasses     Seizures     Diabetes     Allergies    Please explain: \_\_\_\_\_

Name: \_\_\_\_\_  Wears glasses     Seizures     Diabetes     Allergies    Please explain: \_\_\_\_\_

Do you or your child need special accommodations to enjoy the programs? Tri County SRA, in partnership with the Romeoville Recreation Department, offers assistance and inclusion opportunities to participants with special needs. Check here and you will be contacted for further information.    Yes     No     Name of participant: \_\_\_\_\_



Residents mail registration and payment to:  
Romeoville Recreation Department  
Attn: Registration  
900 W. Romeo Rd., Romeoville, IL 60446  
**PLEASE DO NOT SEND CASH**

*(OVER - this form must be turned in with a signature. Forms without signatures will not be processed. Please see other side for participation waiver.)*

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## ROMEOVILLE RECREATION DEPARTMENT --PARTICIPANT AGREEMENT

NOTE: this agreement must be signed by all adult participants and must also be signed by a parent or guardian of any minor seeking to participate in any recreation department programs or activities.

### WARNING OF RISK

Despite the implementation of all reasonable precautions by the Department, an unavoidable risk of serious injury will always exist when participating in any recreational activity. Not all hazards and dangers can be foreseen. Participants and parents/guardians of minor participants must understand that certain risks and hazards will be inherent to participation in that activity, including but not limited to risks and hazards associated with inclement weather, slip and falls, overexertion and fatigue, disregarding safety rules and instructions, collision with stationary objects or other participants, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating. Accordingly, the Department hereby informs all participants and parents/guardians of minor participants that it is impossible for the Romeoville Recreation Department to guarantee absolute safety for all program and activity participants.

### WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

I acknowledge and assume the risks of property damage, accidents, injuries (including death), loss of bodily functions, disabilities, medical disorders, pain and suffering, lost income and medical expenses that arise from participation in any program or activity offered by the Department, and my use of facilities, transportation services, premises and equipment provided by the Department. I further acknowledge that the foregoing risks may arise from my own action or inaction, the actions or inaction of other program or activity participants, the conditions under which a program or activity is conducted, or from the negligent actions or inaction (including any failure to warn) of Department personnel, contractors or service providers. I also acknowledge that from time to time, the Village of Romeoville and/or the Department may take photographs of me participating in programs or activities offered by the Department for use and publication in various publications or media, including but not limited to the Village's website, department program brochures or materials, and Village or Department informational, promotional or marketing materials, and I hereby expressly grant to the Village of Romeoville and the Department the right to use and publish such photographs as contemplated herein, all without compensation or payment for such use and publication. In consideration of being allowed to participate in programs or activities offered by the Department, I hereby release, waive and discharge the Village of Romeoville and its officers, officials, employees, agents, volunteers and contractors (collectively, the "Releasees") from any and all liability and all claims of any kind whether for personal injury, property damage or death, arising from participation in any activity or program offered by the Department, or arising from the use or publication by Releasees of photographs of me participating in programs or activities offered by the Department, whether or not caused by the negligence of the Releasees or any of them and further covenant that I shall not sue any of the Releasees with respect to any such liability or claims. In the event that I or anyone else nonetheless makes a claim or files suit against Releasees arising out of any of the above-described matters, I will indemnify and hold Releasees harmless of and from any and all damages or judgments and costs of litigation, including attorney fees. The provisions hereof are to be construed as broadly as possible in favor of Releasees, and this Agreement as a whole shall be governed by the laws of the State of Illinois (without reference to the conflicts of laws rules thereof). If any part of this Agreement shall be ruled invalid by a court having jurisdiction, the balance shall be enforced to the maximum possible extent. I am signing this Agreement freely and voluntarily, having read and understood it and with a full opportunity to consider its substance and with the intention of fully and unconditionally assuming the risks and releasing the liabilities as described above in this Agreement.

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Participant Name

\_\_\_\_\_

Participant Signature

### REQUIRED PARENT/GUARDIAN SIGNATURE FOR MINOR PARTICIPANTS

I am the parent or legal guardian of \_\_\_\_\_, and am registering \_\_\_\_\_ to participate in a program or activity offered by the Romeoville Recreation Department. I have read and reviewed this Agreement, and am voluntarily signing it on behalf of my child/ward \_\_\_\_\_, in my capacity as parent and legal guardian. By signing below, I am agreeing on behalf of my child/ward to be bound along with my child/ward by all terms and conditions of this Agreement as set forth above, including but expressly not limited to those terms and conditions pertaining to the taking of photographs of program and activity participants, the use and publication of such photographs and the release of all claims associated therewith.

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Parent/Guardian Name

\_\_\_\_\_

Parent/Guardian Signature