ACTIVITY REGISTRATION FORM

COLLINSVILLE
AREA • RECREATION • DISTRICT

Mail In or Drop Off at:
Collinsville Area Recreation District
10 Gateway Drive
Collinsville, IL 62234
346-PLAY (7529)

TTY ACCESS
346-4577

NAME _____ DATE ____/____/____
Last First

STREET ADDRESS _____ HOME PHONE _____

CITY _____ ZIP _____ WORK PHONE (____) _____

SESSION NUMBER	ACTIVITY NAME	FEE	REGISTRANT'S NAME	SEX	DATE OF BIRTH

TOTAL REMITTANCE $_____

This section must be filled out if you are using VISA or MASTERCARD

ACCOUNT NUMBER

Cardholder Name_____
Expiration Date_____
Amount of Charge $_____
Authorized Signature_____

OFFICE USE ONLY

TOTAL RECEIVED:_____

PAID BY: M V CASH CH#_____

INITIALS:_____

DATE:_____

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

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, damage or loss regardless of severity which I or my child / ward may sustain as a result of participating in any activities connected or associated with any such program (s). I waive and relinquish all claims I or my child / ward may have against CARD and its officers, agents, servants and employees as a result of participating in any of the above program(s). I hereby fully release and discharge CARD 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 I 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 CARD and its officers, agents, servants and employees from any and all claims resulting from injuries, damages, and losses sustained by me or by my child / ward and arising our of, connected with, or in any way associated with the activities of any of the program(s). I have read and fully understand the above program details and waiver and release of all claims.

_____

Signature of Parent or Guardian Date