ACTIVITY REGISTRATION FORM

COLLINSVILLE AREA RECREATION DISTRICT

Mail or drop off at: CARD Activity Center, 10 Gateway Dr. Collinsville, IL. 62234

618.346.PLAY (7529) 618.346.7530 (FAX)

NAME _____ DATE_____
LAST FIRST

HOME ADDRESS_____
NUMBER CITY STATE ZIP CODE

HOME PHONE (___)_____ CELL PHONE (___)_____

WORK PHONE (___)_____ E-MAIL_____

SESSION	ACTIVITY NAME	FEE	REGISTRANT'S NAME	SEX	D.O.B.

TOTAL DUE $_____

This section must be completed if you are using VISA or MASTERCARD and registering by mail

|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Credit card number

Cardholder name _____

Expiration date _____ Amount charged _____

Authorization signature_____

OFFICE USE ONLY

TOTAL:_____

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 participating in the above program(s), you wave and release all claims for injuries you or your child/ward may sustain while participating in 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, damage or loss regardless of severity, which I or my child/ward may sustain as a result of participating in any activities connected to 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 programs(s). I fully releases and discharge CARD and its officers, agents, servants, and employees from any and all claims of 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, hold harmless and defend CARD and its officers, agents, servants and employees from any and all claims results from injuries, damages, and losses sustained by me or by my child/ward 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 all claims. I also recognized that, from time to time, photographs are taken of participants for promotional purposes and if I do not wish that myself or my child be in promotional photos I should inform the photographer.

_____

Signature of parent or guardian Date