ACTIVITY
REGISTRATION FORM
UPDATED 12/2013

618.346.PLAY (7529)

618.346.7530 (FAX)

CollinsvilleRec.com

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

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 a credit or debit card and registering by mail.

Card number: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Cardholder name _____

Expiration date _____ Amount charged _____

Authorization signature_____

OFFICE USE ONLY

TOTAL:_____

PAID BY: M V CASH CH#_____

INITIALS:_____

DATE:_____

Please read carefully and be aware that in registering yourself or your child/ward for participation 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 mentioned program(s).

I recognize and acknowledge that there are certain risks of physical injury to participants in the mentioned 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, representatives, and employees as a result of participating in any of the mentioned programs(s). I fully release and discharge CARD and its officers, agents, representatives, 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 mentioned program(s). I further agree to indemnify, hold harmless and defend CARD and its officers, agents, representatives, and employees from any and all claims resulting 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 also recognized that CARD staff, representatives, agents and officers take photographs, video and audio of program participants/facility visitors for promotional purposes. I acknowledged that I must speak with the photographer/videographer if I do not want myself or my child/ward included in such photographs, videos or audio recordings.

I certify that I have read and fully understand the above Acknowledgement, Waiver and Release, do hereby understand the risks involved with my or my child/ward's participation in the mentioned program(s), and agree that this waiver and release shall be binding upon my heirs, executors, administrators, and assignors, and by affixing my signature below, agree to all preceding provisions.

_____

Signature of participant or parent or guardian Date