FEES:
UNTIL OCT 31 $21(R) / $25(N)
STARTING NOV 1 $26(R) / $30(N)

PROGRAM # 87216

LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: ( ) _____ EMAIL: _____

First Name	Gender	Birthdate	Fee	Shirt Size
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Shirt Sizes Available: Youth: Medium (10-12) / Adult: Small, Medium, Large, XL, XXL

Please check one:

☐ CREDIT CARD Card #: _____ Type: _____ Exp. Date: _____

Amount: _____ CVV: _____

☐ I agree to pay the amount charged to the card listed above in accordance with the card issuer agreement,

X _____ _____
Cardholders Signature Date

Read this form carefully and be aware that in registering for and participating in the program above, you will be waiving and releasing all claims for injuries that you or the above participants may sustain while participating in the program.

To participate in Village of Orland Park Recreation & Parks Department programs, all persons age eighteen or older are required to sign the Waiver and Release of All Claims Form. As a parent or guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of injuries, including death, damages or loss which I, or the participants listed above, may sustain as a result of participating in any and all activities with or associated with the program.

I agree to waive and relinquish all claims that I, or the above participants, may have as a result of participating in the programs, against the Village of Orland Park, its officers, agents, servants and employees.

I do hereby fully release and discharge the Village of Orland Park, its officers, agents, servants and employees from any and all claims for injuries, including death, damages or loss which I, or the above participants, may have or which may occur to me (us) as a result of participating in this program.

I further agree to indemnify and hold harmless and defend the Village of Orland Park and its officers, agents, servants and employees from any and all claims resulting from injuries, including death and loss sustained by me or the above participants and arising out of, connected with, or in any way associated with the activities of the program. I have read and fully understand the above program registration information, policies and waiver releasing the Village of Orland Park of all claims.

MANDATORY SIGNATURE OF PARTICIPANT, PARENT OR LEGAL GUARDIAN DATE

ALL PARTICIPANTS 18 & OLDER MUST SIGN THE REGISTRATION FORM. SUBMIT

OFFICE USE ONLY Date: Initials: R/ NR/ NC