Byron Forest Preserve District Registration Form

Register by mail, phone, online, or in person. 815-234-8535
7993 N. River Road P.O. Box 1075 Byron, IL 61010
www.byronforestpreserve.com

Household Information

Last Name:_____

First Name (adult):_____

Address:_____

City:_____ Zip Code: _____

Participants:

Name: _____

Name: _____

Name: _____

Daytime Phone:_____

Cell Phone:_____

Email:_____

Date of Birth:_____

Date of Birth:_____

Date of Birth:_____

Program	Weeks	Amount Due Per Week
☐ Check ☐ Cash ☐ Credit Card (Complete payment authorization)	**Weekly amt. Due:**	
	Amount Paid:	

Credit Card Payment Authorization

Cardholder Name: _____ Authorized Signature: _____

Card Number:_____ Expiraton Date:_____ CVV_____

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that when registering yourself or your minor child/ward for participation in the program(s) identified on this form, you will be waiving and releasing all claims for injuries you or your minor child/ward may sustain arising from the program. In consideration of permission granted to me and/or my child/ward by the Byron Forest Preserve to participate in this program(s), the sufficiency of which, I or my child/ward hereby acknowledge and agree as follows:

I recognize and acknowledge that there are certain risks of physical and emotional (or psychological) injury to participants in a program and I agree to assume the full risk of any injuries, damages, or losses which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the District and its officers, agents, servants, and employees.

I do hereby fully release and discharge the District and its officers, agents, servants, and employees from any and all claims from injuries, damages, or losses which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s).

I further agree to indemnify and hold harmless and defend the Byron Forest Preserve and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s).

I acknowledge that the participant whom I am enrolling in this program (whether myself or my minor child/ward) does not have a physical or mental condition that would pose a direct threat to the health or safety of either the participant or others involved in the program. While the existence of a physical or mental condition will not preclude the participant from participating in the program, I agree that I will advise the District when that condition may pose a direct threat to the health and well being of the participant or others so that the District may have the opportunity where possible to modify its programs, practices, or services to eliminate or reduce that risk to an acceptable level.

In the event of any emergency, I authorize the District's officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my minor child/ward immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I grant to the Byron Forest Preserve and its representatives and employees the right to take photographs of myself and my child(ren), and authorize them to use and publish the same in print and/or electronically. I agree that the Byron Forest Preserve may use such photographs for any lawful purpose, including publicity, illustration, advertising, and web content.

Signature of parent, guardian, or adult participant **Date**

Byron Forest Preserve District Participant Information Form

Participant Name(s): _____

Emergency Contacts:

Parent/Guardian:_____ Daytime Phone:_____
Cell Phone:_____

Parent/Guardian:_____ Daytime Phone:_____
Cell Phone:_____

Additonal Contact:_____ Daytime Phone:_____
Relationship:_____ Cell Phone:_____

Pick-Up Authorizations:

Only authorized persons may pick up participants who are minors. You may authorize additional persons in writing on a later date.

Name:_____ Cell Phone:_____

Name:_____ Cell Phone:_____

Name:_____ Cell Phone:_____

Medical Information:

Insurance Provider:_____

Policy Holder:_____ Policy Number:_____

Does any participant have a condition that may require assistance or accommodation?

☐ Yes ☐ No

If yes, please explain (specify participant):

Does any participant have any allergy or condition that may require medication such as an EpiPen or Inhaler?

☐ Yes ☐ No

If yes, please explain (specify participant):

Does any participant have any non-serious allergy or condition that we should be aware of? (i.e. sensitive to bug bites, easily sunburned, frightened by storms)

☐ Yes ☐ No

If yes, please explain (specify participant):