

REGISTRATION FORM

NAME: (Please Print) _____ DAY PHONE: _____
First Last
 ADDRESS: _____ CELL PHONE: _____
 CITY: _____ STATE: _____ ZIP: _____ EMAIL: _____

PLEASE PRINT

PARTICIPANTS NAME (Include last name if different than above)	GRADE	AGE	DATE OF PROGRAM	ACTIVITY	PROGRAM #	FEE

DATE _____

NO REFUNDS

TOTAL _____

CASH _____ CHECK # _____ OTHER _____ E.F.T. _____ CC/B.C. _____

STAFF _____

Approved by the State Board of Accounts for Town of St. John 2004

WAIVER AND RELEASE OF ALL CLAIMS

I, the undersigned participant, or parent or guardian of a participating minor child, acknowledge the risk of personal injury, death, damage and loss associated with participation in any and all activities associated with the above program(s). I assume the full risk of personal injury, death, damage and loss associated with participation in any and all activities associated with this program(s). In consideration of the permission to participate granted to me or my child or ward, I hereby release the Town of St. John, Lake County, Indiana, the Town of St. John Park & Recreation Department, and their respective officers, agents, and employees, (collectively "St. John") from any and all actions, causes of action, damages or claims which I, my heirs, executors, administrators, or assigns, or my child's/ward's heirs, executors, administrators, or assigns, may have against St. John for any personal injuries, death, damage, or loss resulting from, or in any way associated with, participation in this program(s).

I, the undersigned participant, or parent or guardian of a participating minor child, have read this waiver and release and fully understand the terms of same and the details of the program(s). I execute this waiver and release with the full knowledge of its terms and significance.

Signature: _____ Date: _____
(Parent or guardian, if the participant is a minor)