

Midlothian Park District Registration Form

Phone: (708) 371-6191 www.midlothianparkdistrict.org



Family Last Name: _	Phone:						
Street Address:		City	City:		Zip:		
E-Mail:			Check if you would like to be on our email list				
Activity Name	Registrant's First Name	Registrant's Last Name	Birthday mm/dd/yy	Shirt Size*	RFID#	Fee	
Midlothian Park District does its best to accommodate those individuals with special needs. If you need any special assistance, please check the box and we will do our best to assist you. THIS WAIVER MUST BE SIGNED BY ALL ADULTS 18 YEARS OLD AND OLDER The Midlothian Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Midlothian Park District continually strives to reduce such risks and inistist total planticipants follow safety rules and instructions that are designed to protect the participants' safety. However, the participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing participants' safety. However, the participants are participants of the determining if you or your minor child/ward are physical file of the activities contemplated by an agreement. It is always advisable, pecially if the participant is pregnant, disabled in any way or recently suffered an illness, injury, or impairment, to consult a physician before undertaking any physical activity. Despite careful and proper preparation, instruction, medical advice, confident activities, programs exist. In this regard, it must be recognized that it is engagement. It is always advisable, pecially if the participant is pregnant, disabled in any way or recently suffered an illness, injury, or impairment, to consult a physician before undertaking any physical activity. Despite careful and proper preparation, instruction, medical advice, conflicted in a vicinity of the participants in a proper participant in a p							
Participant or Parent/Guardian Signature Date							

Reoccurring Programs

Date	Program	Month/Year or Dates	Fee	Paid	Employee Initials

PLEASE BE SURE THE DAY CAMP GROUP IS CORRECT BASED ON THE GRADE THEY ARE ENTERING IN THE FALL

Day Camp Only

Name	Group	# of Weeks	# of Days