



O'Fallon Parks & Recreation Dept.

Office Address: Katy Cavins Community Center 308 East 5th Street

Mailing Address: 255 South Lincoln Street, O'Fallon, IL 62269

Phone: 618-624-0139 Fax: 618-624-5308



2018 O'FALLON GARDEN CLUB REGISTRATION

March 1, 2018 thru February 28, 2019

REGISTRATION: In order to record your family in our new computer registration program, please supply the following information. Please print all information. * **Required Information**

1 – Contact Information:

*Last Name: _____ *First Name: _____ *DOB: _____

*Address: _____ *City: _____ *State: _____ * ZIP: _____

*Home: (_____) _____ - _____ Cell: (_____) _____ - _____ Wireless provider (Verizon, ATT, etc.) _____

Work: (_____) _____ - _____ *Email: _____

*Member #2 contact info: Cell _____ Email _____

2 – I WOULD LIKE TO REGISTER FOR: Individual membership \$20, family membership \$30

Program Name	Activity code	Participant's Name(s)	Program Fee
Garden Club Dues (individual)			\$20
Garden Club Dues (Ind. + 1)		Name: _____ DOB: _____	\$10
Garden Club Dues (Ind. +2)		Name: _____ DOB: _____	\$0
Garden Club Dues (Ind. +3)		Name: _____ DOB: _____	\$0
Total:			

3 – PAYMENT METHOD: Cash: _____ Check #: _____ Credit Card: _____

Circle Card Type: **Visa** MC AMEX Disc Card Holder Name [print]: _____

Card # _____ Exp. Date: _____ / _____ Security code: _____

Amt of Payment: \$ _____ Authorized Signature: _____

4 – Waiver and Release of All Claims: (Must be signed)

Please read this form carefully and be aware that in signing up and participating in this program, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of participating in any and all activities connected with and associated with this program (including transportation services/vehicle operation, when provided).

Warning of Risk: Recreational programs are intended to challenge and engage the physical, mental, and emotional resources of each participant. Despite careful and proper preparation, instruction, and medical advice, conditioning, and equipment, there is still a risk of serious injury when participating in any recreational program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers, and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational programs exist. In this regard, it must be recognized that it is impossible for the Parks/Rec Dept. to guarantee absolute safety.

I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of said participation. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of participating in this program against the O'Fallon Park and Recreation Department including its officials, agents, volunteers, and employees (hereinafter collectively referred to as the Parks/Rec Dept.)

I do hereby fully release and forever discharge the Parks/Rec Dept. from any and all claims for injuries, damages or loss that I may have or which may accrue to me and arising out of, connected with, or in any way associated with this program.

Refunds can be returned to account or refunded back by credit card or check – Checks will be returned by mail please allow 2 to 4 weeks for delivery. Absolutely no refunds will be made once a program has begun unless O'Fallon Parks & Recreation has altered or canceled a program, or our refund policy is followed: Programs that do not reach the minimum enrollment will be cancelled. In the event that a program is canceled in mid-session, a prorated refund will be issued.

5 – Customer Signature: _____ **Date:** _____