

Harvey Park District

Program Registration

"Come Join Our Fun"

Last Name		First Name		
Street Address		Apt #	City	Zip Code
Phone # (include area code)		School		Grade
Birthday	Age	<input type="checkbox"/> Girl <input type="checkbox"/> Boy	Medical Considerations/Medication(s)	
Parent/Guardian Name		Phone # (if different)	Address (if different)	
Program Class		Time of Program/Class	Day(s) of Week (circle as appropriate) Mon Tues Wed Thu Fri Sat Sun	
Comments/Special Needs				
Hobbies/Interest				

Have you participated in a Harvey Park District Program before? Yes No If yes, at which park and what program.

Emergency Information

In case of an emergency contact	Phone # (Include area code)	Relationship to Participant
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Having read the above and subscribing to the accuracy of the information provided, I give permission for my child to participate in the activities described above and I fully assume all responsibility for any injuries he/she may receive while practicing or participating in these activities or while traveling to and from designated sites. I also give permission to the Harvey Park District to use photographs of park activities that contain an image of my child for limited purposes of promotion and advertising.

Signature of legal parent or guardian _____ Date _____