

2009 Family Fitness challenge registration Form

be active • have fun • be healthy

Register your family for the 2009 Family Fitness Challenge by completing this registration form. Please include the names of all participating family members – to be completed below.



All registered families receive a Fitness Challenge backpack that includes their “healthy playbook,” fitness challenge event listing, along with some fun summer essentials and special discounts.

Family Fitness Challenge Registration Form Please print clearly.

Family Last Name _____ Parent's First Name _____ New address?
 Street Address _____ Apt. _____ E-mail _____
 City _____ Zip _____ Home Phone _____ Work Phone (Mr. Mrs. Ms.) _____

	Program Code	Program Name	Fee	Prog. Date	Participant's First & Last Names	Sex	Age	Birthdate	Office Use
1	Ist 2930-1	Family Fitness Challenge	\$20						
2	Ist		\$						
	Alt.								
3	Ist		\$						
	Alt.								
4	Ist		\$						
	Alt.								
<input type="checkbox"/> I would like to make a donation to the Cosley Foundation* 9983-1			\$	*All money donated goes to support Cosley Zoo. Donation is tax deductible to the full extent of the law.					
TOTAL PAYMENT INCLUDED			\$						

Participating Family Members (must reside in household):

Name	Sex	Age

If registrant requires any special accommodation or assistance for enjoyment of this program, please describe: _____

WAIVER AND RELEASE Please read this form carefully and be aware that in signing up for and participating in programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims against the Wheaton Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "District"), which I or my minor child/ward may have (or that accrue to me or my child/ward) as a result of participating in these programs/activities. I do hereby fully release and forever discharge the District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward arising out of, connected with, or in any way associated with these programs/activities. I have read and fully understand the above important information, warning of risk, and waiver and release of all claims. If registering via fax or online, your facsimile signature shall substitute for and have the same legal effect as an original form signature. Additional field trip waiver/release will also need to be signed.

Adult or Parent's Signature (18 years or older or Parent/Guardian) _____ Date _____

Payment Method/Credit Card Information

Method of Payment Enclosed

Cash (Do not send in mail) Check MasterCard Visa Credit Card #: _____ - _____ - _____ - _____
 Cardholder Name _____ Expiration Date _____
 Authorized Signature _____ Charge Amount \$ _____