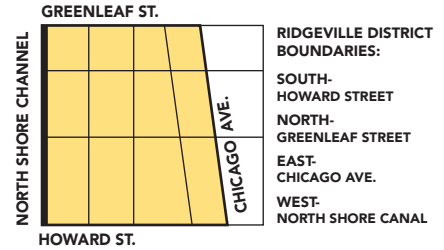


STUDIO 908

REGISTRATION FORM

Please note: Resident rate only applies to people who live within these boundaries



Registration Information

Please register for programs no later than one week prior to the start of class. Classes will be cancelled if the minimum number of registrations are not received by the first day of the class session.

By Mail:

Do not send cash!! Send a check or money order. Your cancelled check will be your receipt. All checks must be accompanied by a Registration Form in order to ensure your space in the class.

In person:

You may register Monday through Friday at our office between the hours of 9 am to noon and 1-4 pm

In case of class changes or program cancellation, we will notify you in advance by telephone or postcard. Generally, refunds will be issued no later than 4 weeks after the beginning of the session. In the case of individual class cancellations, a make-up class may be scheduled by the instructor during the week following our last scheduled week of classes.

Please print neatly

You can register online at www.ridgeville.org

PARENT/ADULT LAST NAME: _____ PARENT/ADULT FIRST NAME: _____

ADDRESS: _____ CITY: _____ STATE/ZIP: _____

PRIMARY PHONE: () _____ ALTERNATE PHONE: () _____

EMERGENCY NAME AND NUMBER: _____

EMAIL: _____ Do you want to receive emails from us? YES NO

PARTICIPANT'S LAST NAME: _____ FIRST NAME: _____ BIRTH DATE ____/____/____

PROGRAM NAME AND CLASS SESSION	DAY/TIME	FEE \$
1. _____	_____	_____
2. _____	_____	_____

PARTICIPANT'S LAST NAME: _____ FIRST NAME: _____ BIRTH DATE ____/____/____

PROGRAM NAME AND CLASS SESSION	DAY/TIME	FEE \$
1. _____	_____	_____
2. _____	_____	_____

LIABILITY WAIVER FOR PARTICIPANT

As a participant (or as a parent of a participant under 18 years of age) in Ridgeville Park District programs, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with the program(s).

I do hereby fully release and discharge the Ridgeville Park District, their officers, agents, servants and employees from any and all claims from injuries, including death, damages or loss, which I may have or which may accrue to me on account of my participation in the program(s).

I further agree to indemnify and hold harmless and defend the Ridgeville Park District, their officers, agents, servants and employees from any and all claims from injuries, including death, damages or loss, which I may have or which may accrue to me on account of my participation in the program(s).

I further agree to indemnify and hold harmless and defend the Ridgeville Park District, their officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program(s).

I also hereby consent to the use of my photograph in Ridgeville Park District brochures, publications, website, presentations, etc.

I HAVE FULLY READ AND UNDERSTAND THE FOREGOING.

Signature: _____ Date: _____

Are you a Senior (65+)? YES NO

If yes, how many programs are you registering for ?

_____ x \$25 = DISCOUNT \$ _____
 (# of programs)

Contribution to the Scholarship Fund \$ _____

TOTAL: \$ _____

Make checks payable to:

Ridgeville Park District
 908 Seward St., Evanston,
 IL 60202

FOR OFFICE USE

Receipt #: _____