

## **REGISTRATION FORM: SUMMER 2023**

Participant's Name						th Date		
	⚠ Plea.	se print your progr	ram selection(s) in the table be					
PROGRA	M NAME	PR	OGRAM NUMBER	TI	ME SELECTION (If Applicable)		PPLICABLE)	FEE
Example: Karat	te		I-000-03-I					\$67
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Would you like to in	nclude a donation to f	SEASPAR? If so, pl	ease indicate the amount to the	e right. <b>Thank</b>	you!			
							TOTAL FEES	
	⚠ Full r	navment must be r	eceived with the registration un	oless other arrai	naements have bee	en made. 🚹		
	_	,			19			
•	de by check, money o							
Payment Type:	Check MasterCard	Cash Visa	Money Order	Credit Card				
Credit Card:	MasterCard	Visa	Discover	American Ex	<pre><pre>cpress</pre></pre>			
					_Exp. Date		CVC	
					_txp. Daie _Today's Date			
			m. Submit form and payment to					
SEASPAR, 4500 Beln						OFFICE U	SE ONLY	
					Date Rec'd		Cash Amt	
1 The registration	deadline is <b>Monday</b>	v. Mav 8 at 4:3(	Opm.		Rec'd By		Check Amt	

FAP

Check #



## **REGISTRATION FORM: SUMMER 2023**

Participant's Name			Birth Date	
Address	City		Zip	
Has any of your information changed since you completed your 2022 AIF If yes, please call us at 630.960.7600.	F <b>?</b>	Yes	No	
Do you have an updated emergency contact?  Yes If yes, please call us at 630.960.7600.	No			
WA	AIVER AND RELE	ASE		
SEASPAR is committed to conducting its recreation programs and activit strives to reduce such risks and insists that all participants follow safety rule parents/guardians of minors registering for activities must recognize that t	es and instructions that	are designed	to protect the participants' safety. H	owever, participants and
You are solely responsible for determining if you or your minor child/war It is always advisable, especially if the participant is pregnant, disabled in undertaking any physical activity.			•	, .
w	VARNING OF RIS	SK		
Recreational activities are intended to challenge and engage the physica instruction, medical advice, conditioning, and equipment, there is still a risk be foreseen. Depending on the particular activity, certain risks, dangers, carelessness, horseplay, unsportsmanlike conduct, premises defects, inad inherent to the particular activity. In this regard, it is impossible for SEASPAIN virtual program activities, you need to have adequate space to follow the particular activities.	k of serious injury when , and injuries may exis lequate or defective ed AR to guarantee absolu	n participating t due to incler quipment, inac ute safety.	g in any recreational activity. All haz: nent weather, slips and falls, poor s dequate supervision, instruction or o	ards and dangers canno kill level or conditioning Afficiating, and other risk
or anything that could cause possible trips or falls. As a participant, you a you have chosen without accidents.	,		, , ,	
WAIVER AND RELEASE OF	F ALL CLAIMS A	ND ASSU	MPTION OF RISK	
Please read this form carefully and be aware that in signing up and partic releasing all claims for injuries, damages or loss which you or your minor associated with this activity (including transportation services and vehicle	child/ward might sust	ain as a resul	. ,	,
I recognize and acknowledge that there are certain risks of physical injury damages or loss, regardless of severity, that my minor child/ward or I may minor child/ward may have (or accrue to me or my child/ward) as a resu	y sustain as a result of	said participo	ition. I further agree to waive and re	linquish all claims I or m
I understand that SEASPAR carries no medical insurance and the participa authorize SEASPAR staff and officials to secure from any licensed hospita myself or minor child and agree that I will be responsible for payment of a	al, physician, and/or m	nedical persor	nnel any treatment deemed necessa	• ,
I have been made aware of the inherent dangers and risks of virtual progr	ram activities, and I ca	n participate :	safely in the space I have chosen.	
I have read and fully understand the above important information, warning online acceptance or facsimile signature shall substitute for and have the s	•		•	ering online or via fax, m
Parent/Guardian Signature			Date	
Participant Signature (if 18 or older)			Date	
PARTICIPATION WILL BE DENIE PARTICIPATION WILL BE DE				
Here to help	families with financi	al restraints tl	makes programs attainable to prough scholarships funded by online at SEASPAR.org.	