

# GRAYSLAKE PARK DISTRICT PROGRAM REGISTRATION FORM

Last Name \_\_\_\_\_ Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Emergency Phone \_\_\_\_\_ Emergency Contact \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Check if you need any accommodations, in accordance with the Americans with Disabilities Act, to effectively participate in any of the activities below. **Primary Disability:** \_\_\_\_\_

**NO CHARGES UNDER \$15.00 WILL BE ACCEPTED!**

**Circle One:**            **Visa**                    **MasterCard**                    **Discover Card**

**Cardholder #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_                    **Exp. Date** \_\_\_\_ / \_\_\_\_

**Cardholder Name** \_\_\_\_\_                    **Amount of Charge** \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_

Shirt Sizes: YXS 2-4, YS 6-8, YM 10-12, YL 14-16, AS, AM, AL, AXL

Participant Name	Age	DOB	Gender	Shirt Size	Code #	Program Title	Day/Time	Fee

**Would you like to donate towards our Grant-In-Aid Program?      Yes / No**  
**Any amount is greatly appreciated.**

**TOTAL**

I have read and understand the Waiver and Release of all Claims on the back of this form.  
 Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Employee Initials: \_\_\_\_\_

\_\_\_\_\_ Cash      \_\_\_\_\_ Check #      \_\_\_\_\_ Charge

Date Received \_\_\_\_\_      Fees Received \_\_\_\_\_

**Fax Registration Form To:**  
 (847) 223-6386

**Mail Form To: Grayslake Park District**  
 240 Commerce Drive  
 Grayslake, IL 60030