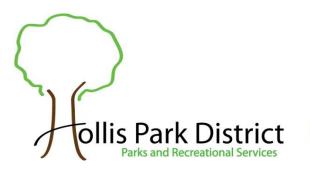
Administration Office

9424 S. Mapleton Road Mapleton, IL 61547 309-697-2944

Website: www.hollispark.org



Hollis Recreation Fitness Center

10107 S. Vine Street Mapleton, IL 61547 309-697-2929

Facebook: Hollis Park District

Program Registration Form

Participant Name Gender Age Grade Activity Name Fee	Participant/Parent/Guardian First Name					Last Name		Date of Birth	
Emergency Contact First Name Last Name Relationship Phone Number Check if you are interested in receiving e-mail notifications Yes for Text Messages Head Coach Assistant Coach Volunteer Coach's Name:	Address					City	State		Zip
Check if you are interested in receiving e-mail notifications Yes for Text Messages Head Coach Assistant Coach Volunteer Coach's Name:	Primary Phone Alternate Pho				hone	Email Ad	Idress		
Participant Name Gender Date of Birth Age Grade Activity Name Fee T-shirt Size:	Emergency Contact First	Last Name			Relationship	Phone Number			
Participant Name Gender Birth Age Grade Activity Name Fee T-shirt Size if applicable Total Fees Total Fees Receipt #:	-		_				_		
Please list any allergies, medical concerns or special needs below: Payment: Cash Check # HPD Employee Initials:	☐ Head Coach ☐ Assis	stant Coach		nteer C	oach's Nan	ne:	T-s	shirt Size: _	
Receipt #: Payment: Cash Check # HPD Employee Initials: Please list any allergies, medical concerns or special needs below: Waiver/Release: I hereby certify that I or as parent or legal guardian of the above named child, that I/he/she is in good health and capable of safe participation in this program/activity. I understand and assume all risk(s) and hazards incidental to the conduct of the program/activity including the transportation to and from the program/activity. I hereby authorize the Hollis Park District to obtain medical treatment for the child in the event that no parent(s) or legal guardians are available to consent to said treatment. Initial: (Parent/Guardian if minor) I support the Hollis Park District philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement, character development and volunteer leadership. Initial: (Parent/Guardian if minor) I hereby grant permission for pictures and/or videos to be taken of myself/my child during this program for future promotional use for no consideration. Initial: (Parent/Guardian if minor) I agree to hold Hollis Park District, and its officers, directors, employees and agents harmless from any losses and damages to myself/my child resulting from participation in these activities. Initial: (Parent/Guardian if minor)	Participant Name	Gender		Age	Grade	Activit	ty Name	Fee	T-shirt Size
Receipt #:									
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family involvement, character development and volunteer leadership. Initial:	I hereby certify that I or as p this program/activity. I unde to and from the program/ac	erstand and a ctivity. I hereb	assume all ris	sk(s) and l the Hollis	hazards incid Park Distric	dental to the conduct of t to obtain medical treat	the program/activity inc tment for the child in the	cluding the tr	ansportation
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resulting from participation in these activities. Initial:(Parent/Guardian if minor)						my child during this prog	gram for future promotio	onal use for r	10
Participant/Parent/Guardian Signature: Date:							any losses and damages	to myself/m	y child
	Participant/Parent/Guar	dian Signat	ure:				Dat	te:	