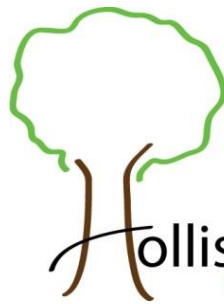


Administration Office
 9424 S. Mapleton Road
 Mapleton, IL 61547
 309-697-2944
 Website: www.hollispark.org



Hollis Park District
 Parks and Recreational Services
Program Registration Form

Hollis Recreation Center
 10107 S. Vine Street
 Mapleton, IL 61547
 309-697-2944 **press 1**
 Facebook: Hollis Park District

Participant/Parent/Guardian **First Name** **Last Name** **Date of Birth**

Address City State Zip

Primary Phone Alternate Phone Email Address

Emergency Contact First Name Last Name Relationship Phone Number

Check if you are interested in receiving e-mail notifications Yes for Text Messages Carrier: _____

Head Coach Assistant Coach Volunteer Coach's Name: _____ Coach's T-shirt Size: _____

Participant Name	Gender	Date of Birth	Age	Grade	Activity Name	Fee	T-shirt Size if applicable

Total Fees

Receipt #: _____ Payment: Cash Check # _____ CC # _____ HPD Employee Initials: _____
 (A convenience fee of 3% will be added when using a debit/credit card.)

ALERT Please list any allergies, medical concerns or special needs below:

Waiver/Release:

Participant will disclose any type of illness, fever, out of state/country travel before working out at each work out session due to COVID 19 guidelines. Initial: _____ (Parent/Guardian if minor)

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/Parent/Guardian Signature: _____ Date: _____