



Program Registration Form

720 James Street
Hinckley, IL 60520
www.hinckleyil.com

C: (815) 286-3836

Participant Information:

Name: _____ DOB: _____
 Address: _____ City: _____ Zip code: _____
For youth programs: Grade level: _____ T-shirt size if program requests: Y /A
 Allergies/medical concerns (please list): _____

Contact Information:

Contact name /number in case of emergency: _____
 Home Telephone Number: _____ Cell Number: _____
 Email: _____

Program #	Program Title	Fee
	1.	
	2.	
	3.	
	Payment: (please circle one) Cash or Check #	Total:

Program Registration Waiver and Release for Use of Image

In consideration of my entry in the event(s) listed above sponsored by the Village of Hinckley I, intending to be legally bound, do hereby, for myself, my heirs, executors, and assigns, waive, release, and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me against the Village of Hinckley or any other subsidiary or political division thereof, or their respective officers, agents, successors, representatives, assigns, sponsors and employees for any and all damages which may be sustained and suffered by me with my association with or entry of participation in the event.

I also give permission for the free use of my name and picture in any broadcast, telecast, or other written account of the event. In the case the entrant is a minor, the below signature of the minor's parent or legal guardian is mandatory as evidence of such parent's or legal guardian's waiver, certification and consent of the foregoing. *ALL PERSONS UNDER THE AGE OF 18 must have written consent of their parents or legal guardian to participate in the event.*

Participant Signature: _____ Date: _____

The undersigned parent or guardian hereby consents to the applicant's participation and waives and releases all rights and claims for damages as is more fully set above.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____