

Fox Valley Park District

Open Gym Program Registration

The Fox Valley Park District offers free ID cards (for the first card) for participants in Open Gym. In order to receive a card, home address and residency status must be verified. Please complete this brief form and return it to the FVPD with proof of address. A driver's license, state ID, tax bill or voter's card are acceptable forms of ID for address verification. All information on this form is required to be filled out. In addition to filling out this information, please read and sign the agreement on the bottom of this form. Please use a separate sheet for each individual.

Last Name _____ First Name _____ MI _____
Street Address _____ APT. _____
City _____ State _____ ZIP _____ M / F _____
Home Phone # _____ Work _____ Cell _____
Birth date (M/D/YY) _____ Current Grade _____
Special accommodations needed: _____

Please read this form carefully and be aware that in signing up and participating in this program you will be waiving and releasing all claims for injuries you might sustain arising out of this program.

As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program.

I agree to waive and relinquish all claims I may have as a result of participating in the program against the FVPD and its officers, agents, servants and employees.

I do hereby fully release and discharge the FVPD and its officers, agents, servants and employees from any and all claim from injuries, including death, damage, or loss which I may accrue to me on my account of participation in the program.

I further agree to indemnify and hold harmless and defend the FVPD and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damage and losses sustained by me an arising out of connected with or in any way associated with the activities of the program.

I have read and fully understand the above program details and waiver and release of all claims.

Signature _____ Date _____

Print Name _____ Parent Signature _____

Fox Valley Park District
Administration Office
712 S. River St., Aurora
630-897-0516

Fox Valley
Park District
Where fun begins 
www.foxvalleyparkdistrict.org