

Girls Gymnastics Level 4-7 AAU Meet Fees – 2015-2016 Season

Gymnasts Name:		Home Phone:			
	(First)	(Last)			
Address:			Emergency Phone:		
City:		Zip:	E-Mail:		

Please indicate in the right column what meet you are paying for:

Code Number	Meet	Date(S)	Location	Due Date	Fee	X
86837	TriStar	Dec. 13	TriStar Gymnastics – Forest Park	10/1	\$50.00	
86838	Viking Classic	Jan. 16-17	Viking Gymnastics - Niles	11/1	\$50.00	
86839	Frozen Invite	Jan. 24	York High School – Elmhurst	11/1	\$50.00	
86840	America Academy	Feb. 5-6	American Academy - Wheeling	12/1	\$50.00	
86841	Valentine Invite	Feb. 12-14	Itasca Park District – Itasca	12/1	\$50.00	
86842	Swing Into Spring	Mar. 4-5	Schaumburg Sports Center	1/4	\$50.00	
86843	Spring into Action	April 10	KIAGA - Barrington	1/4	\$50.00	
86844	AAU Dist. Championships	Apr. 29-May 1	Fusion Sports – Loves Park	2/1	\$50.00	
			Total Due			

Mail or drop off completed form to:

Joanne B. Wagner Community Center 615 N. West Avenue · Elmhurst, IL 60126 Phone: (630) 993-8901 · Fax: (630) 993-8929

On Line Registration is also available at www.epd.org Make Checks payable to the Elmhurst Park District.

WAIVER & RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

IMPORTANT INFORMATION

The Elmhurst Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Elmhurst Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

PHOTOGRAPHY

Photos and videos are periodically taken of people participating in Park District programs and activities. All persons registering for Park District programs/activities, or using Park District property thereby agrees that any photograph or videotape taken by the Park District may be used by the Park District for promotional purposes including its promotional videotapes, brochures, flyers and other publications without additional, prior notice or permission and without compensation to the participant.

WARNING OF RISK

Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slip and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities exist. In this regard, it must be recognized that it is impossible for the Elmhurst Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in the programs on this form, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with these programs (including transportation services and vehicle operations, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs against the Elmhurst Park District, including its officials, agents, volunteers and employees. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PARTICIPATION WILL BE DENIED

If the signature of parent/guardian and date are not on this waiver.

PLEASE PRINT Participant's	Name	Parent / Guardian Sig	gnature	Date
Must complete when using VISA, DISCOVER or MASTER CARD	Name of	Cardholder:		Expiration Date:
	Authorized	Signature:		Charge Amount:
Credit Card payment wi On-site registration will	_	•	stration.	