

Date: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

# Registration Form-Summer Skating Camp 2025

Read details carefully:

- 1) Please print. Choose the weeks your child will be attending camp, **minimum of 4** and all needed information on the application below, or processing may be delayed. Payment accepted with check, cash, Visa, Mastercard, Amex or Discover. Please make checks payable to the Franklin Park Ice Arena.
- 2) One registration form must be completed for each camper.
- 3) Before your registration is complete, *the waiver must be signed by a parent or legal guardian* for any children under 18 years participating in camp.

**Summer Skating Camp:** ☐ Tot thru Gamma ☐ Delta thru Freestyle

What weeks will your child be attending camp? Please check off. (Minimum 4 weeks total)

\_\_\_\_\_ Week 1 (June 3, 5 & 6)      \_\_\_\_\_ Week 5 (July 8, 10 & 11)  
\_\_\_\_\_ Week 2 (June 10, 12 & 13)      \_\_\_\_\_ Week 6 (July 15, 17 & 18)  
\_\_\_\_\_ Week 3 (June 17, 19 & 20)      \_\_\_\_\_ Week 7 (July 22, 24 & 25)  
\_\_\_\_\_ Week 4 (June 24, 26 & 27)      \_\_\_\_\_ Week 8 (July 29, 31 & August 1)

Parent Name \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Camper's Name \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Camper's DOB (mm/dd/yyyy) \_\_\_\_\_ Email \_\_\_\_\_

Address w/ City & Zip Code \_\_\_\_\_

What class was your child enrolled in for the Spring 2025 session? \_\_\_\_\_

T-Shirt Size: Youth: Small ☐ Medium ☐ Large ☐  
Adult: Small ☐ Medium ☐ Large ☐ X-Large ☐

## Park District of Franklin Park Waiver & Release Of All Claims

Please read the information on the **reverse side of this form** carefully and be aware that in signing up and participating in any program, as indicated on this form, you will be waiving and releasing all claims for injuries you or your child might sustain arising out of that program.

☐ **Option A:** Payment in full

☐ **Option B:** I would like to pay a 25% deposit at time of registration with three additional **automatic payments** to my account on May 15, June 15 & July 15. **If you register after one of these payment dates, you will pay what is due up to that point & only schedule the payments that remain** (You must provide a valid Visa/MC/Amex/Disc number below with an exp date past 7-15-2025)

Deposit: Cash ☐ \$ \_\_\_\_\_ Check ☐ # \_\_\_\_\_ Charge ☐ V ☐ MC ☐ Disc ☐ Amex

Credit Card #: \_\_\_\_\_ Exp Date (Dated past 7-15-2025) \_\_\_\_\_ CVV \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

### PAYMENT PLAN AGREEMENT: I understand and agree to the following:

I authorize the Park District of Franklin Park to **automatically** debit my credit card on May 15, June 15 & July 15, 2025. Should the charge to my credit card be declined and a balance remains, I understand that my skater will not be permitted to participate until the balance is paid in full. **A \$15 late fee will be assessed for all outstanding balances.**

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

# **PARK DISTRICT OF FRANKLIN PARK**

## **ICE-SKATING PROGRAM WAIVER & RELEASE**

### **IMPORTANT INFORMATION**

The Park District of Franklin Park is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Park District of Franklin Park 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 this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for ice-skating activities. 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.

### ***WARNING OF RISK***

Ice-skating is intended to challenge and engage the physical, mental and emotional resources of the participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including but not limited to head injury, neck or back injury, wrist and ankle fractures, and other orthopedic injuries to limbs and joints. All hazards and dangers cannot be foreseen. The very nature of ice-skating is risky, including but not limited to slip and falls, colliding with other players of varying degrees of skill (including being struck from behind), tripping on irregular ice surfaces, cuts from skate blades, inadequate or defective equipment, ill-fitting skates, failure in supervision or instruction, horseplay, carelessness, poor technique, poor conditioning, rule violations, striking a stationary object, premises defects outside the rink, and all other risks inherent to the sport of ice-skating. In this regard, it must be recognized that it is impossible for the Park District of Franklin Park 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 this program/activity, 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 this program/activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, 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 this program/activity against the Park District of Franklin Park, including its officials, agents, volunteers and employees.

**PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.**

**I have read and fully understand the important information located on the reverse side of this form, warning of risk, assumption of risk and waiver and release of all claims. If registering via fax, my facsimile signature shall substitute for and have the same legal effect as an original form signature.**

Date \_\_\_\_\_  
Participant's Name (PLEASE PRINT) \_\_\_\_\_

\_\_\_\_\_  
Participant's Signature (18 years or older or Parent/Guardian)

**Franklin Park Ice Arena\*9711 W. Waveland Ave.\*Franklin Park, IL 60131**  
847-671-4268/fax 847-671-4755\*website: **www.fpice.com**