**Administration Office** 

9424 S. Mapleton Road Mapleton, IL 61547 309-697-2944

Website: www.hollispark.org



**Hollis Recreation Center** 

10107 S. Vine Street Mapleton, IL 61547 309-697-2929

Facebook: Hollis Park District

## **Program Registration Form**

Participant/Parent/Guardian First Name					Last Name		Date of Birth	
Address					City	State		Zip
Primary Phone Alterna			ernate P	hone	Email Add	ress		
Emergency Contact First	Last Name			Relationship Phone		one Number	<u> </u>	
☐ Check if you are interest	ested in rece	eiving e-ma	il notifica	ations	☐ Yes for Text Me	ssages		
☐ Head Coach ☐ Assi	stant Coach	☐ Volu	nteer C	oach's Na	me:	T-s	hirt Size: _	
Participant Name	Gender	Date of Birth	Age	Grade	Activity Name		Fee	T-shirt Size
						Total Fees		
					П "			-L
Receipt #:						HPD Employee	Initials:	
Please list any a	llergies, med	dical concer	ns or spe	ecial needs	s below:			
Waiver/Release: I hereby certify that I or as this program/activity. I und to and from the program/a or legal guardians are available.	lerstand and o ctivity. I here	assume all ri by authorize	sk(s) and l the Hollis	hazards inci Park Distri	dental to the conduct of the ctool of the ct	ne program/activity inc ment for the child in the	luding the tr	ansportation
I support the Hollis Park Dis family involvement, charac Initial:(Parent	ter developm	ent and volu			n, fun, physical fitness and	l health, skill developm	ent, teamwo	rk, fair play,
I hereby grant permission for consideration. Initial:					my child during this progr	am for future promotio	onal use for r	10
I agree to hold Hollis Park I resulting from participation						ny losses and damages	to myself/m	y child
Participant/Parent/Gua	rdian Sianat	uro:				Dot	·o.	
Participant/Parent/Gua	raian Signat	ure:				Dat	:e:	