Please see page 4 for additional registration information.

7540 West Braemar Lane, Frankfort, IL 60423
815-469-3524 (phone) / 815-469-8657 (fax) / www.fspd.org

Registration will be delayed if this form is incomplete. Please print.

Please check one - Resident? _____ Non-resident? _____ Subdivision _____

Family Last Name _____

Address _____

City _____State _____Zip _____

Home Phone ( ) _____ Business Phone ( ) _____

Emergency Contact _____ ( ) _____

Participants Name	Age	Grade	Birthday	Program	Program #	Day/Date/ Time	Fee

Don't forget your birth certificate for children 5 & under!! **Total $** _____

Circle Method of Payment: Cash Check Charge (We accept Visa, Mastercard, Discover, Amex)
Please make check payable to: Frankfort Square Park District
Card # _____ Expiration date _____
CID # (3 digit number on back of card) _____ (This # is needed in order to manually process registrations through credit card machine.)
Please note any physical or other limitations, allergies, special medications, additional conditions, or special accommodations that may affect participation _____
_____
If special accommodations are needed, allow 2 weeks prior to the start of the program.

Liability Waiver
Participants in Frankfort Square Park District activities are not covered by medical or accident insurance. Each participant must furnish his or her own personal coverage. Many sports activities and programs have inherent elements of danger. Participant or parent permission is needed to call an ambulance in an emergency. As a participant (or as a parent of a participant under 18 years of age), I hereby agree to save harmless and indemnify the Frankfort Square Park District, its trustees and employees from any responsibility for any accident, injury, or damage that may occur as a result of the participants acts or omissions. In case of accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel. In compliance with the American Disabilities Act, please advise us of any accommodations that would enhance your ability to enjoy our services.

Parent/Participant Printed Name _____

Parent/Participant Signature _____