

Matteson Recreation Services / Registration Form

PH: 708-441-4500 / FAX: 708-441-4259 (Charge Only)

Guardian's Name: _____
 Address: _____
 Town/Zip: _____
 E-mail: _____

Today's Date: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____

Method of Payment:	
<input type="checkbox"/> Check #: _____ <i>(Please make check payable to Village of Matteson)</i>	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card #: _____ Exp. Date: _____ Amount Charged: \$ _____ CSV: _____ (on back of card) Card Holder Name: _____ Authorized Signature: _____

Participant's First & Last Name	Program #	Program Name	Birth Date (MM-DD-YY)	Fee
			__//__//__	\$ _____
			__//__//__	\$ _____
			__//__//__	\$ _____
			__//__//__	\$ _____
			__//__//__	\$ _____
TOTAL ENCLOSED:				

Do you have a need for special accommodations as covered by the American Disability Act?
 If yes, please call us at least two weeks in advance at (708) 441-4500.

<p>How did you hear about the program(s)?</p> <p> <input type="checkbox"/> Leisure Guide <input type="checkbox"/> Flier <input type="checkbox"/> Cable <input type="checkbox"/> Village Marquee <input type="checkbox"/> Newspaper <input type="checkbox"/> Web Page <input type="checkbox"/> Other: _____ </p>
<p>Photo Release: By registering for any program, you agree to allow publication of any photos taken at any program, event or facility offered through the Village of Matteson.</p>

REFUND POLICY: Request for refunds MUST be made 7 days prior to the starting date of the activity. A \$5.00 fee will be assessed. *Once a class begins no refund will be given.*

WAIVER FOR PARTICIPATION OR BY PARENT: In consideration of the Recreational Services Department accepting me or my child's entry, hereby for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child have against the Village of Matteson and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups. By enrolling my family in any Recreational Services Department activity, we agree and understand this waiver.

Signature: _____

