

Registration Form

PAYMENT MUST ACCOMPANY REGISTRATION.

Grade/School _____ Cell # _____

Parent's Name _____

Home# _____

Work # _____

Address _____

City _____

Zip _____

Email Address _____ *How did you find out about the class?* _____

Activity No.	Title	Participant's First & Last Name	Birthdate	M/F	Fee
				<input type="radio"/> M <input type="radio"/> F	
				<input type="radio"/> M <input type="radio"/> F	
				<input type="radio"/> M <input type="radio"/> F	
				<input type="radio"/> M <input type="radio"/> F	
				<input type="radio"/> M <input type="radio"/> F	
				<input type="radio"/> M <input type="radio"/> F	

***Please list any allergies:** _____

TOTAL: _____

Shirt Size: _____

This form must be signed on the **FRONT** by a legal adult/guardian and returned to the Recreation Office before class begins.

If registering by fax, your facsimile signature shall have the same legal effect as an original or electronic signature.

Return to: 201 W. Hydraulic St.
Yorkville, IL 60560

Charge Card Account Number _____ Exp. Date _____

Charge to: MasterCard Visa (\$10.00 minimum)

Credit Card Holder Signature _____

Check # _____ Cash _____ Paid _____ Waitlist _____

List any assistance you may require: _____

Registration and Waiver is posted on website: www.yorkville.il.us

Parent or Legal Guardian Signature Date

This registration & waiver form must be signed by all participating adults 18 years old and over, and by a parent or guardian for each participant under age 18.

REGISTRATION POLICY

1. Residents: Registration will begin **the first week of the month** for all city residents.
Non-Residents: Registration will begin **the second week of the month** for those not living in the city limits.
(All registrations are completed on a first come first serve basis for this registration period.)
2. The Yorkville Parks & Recreation Department reserves the right to request proof of residence prior to processing a registration. Proof may be your City of Yorkville water bill, voter's registration card or a driver's license.
3. You may register for yourself and your immediate family **ONLY**.
4. Registration must be in **ONE** week before class starts, if not stated otherwise.

REFUND POLICY

1. **NO** refunds will be issued after a class has begun, medical reasons excused with documentation.
2. Participants will receive a full refund or credit if the Recreation Department cancels a program.
3. Cancellations for any class **MUST** be made at least **1 week** prior to the beginning of class.
4. A \$5.00 service charge will be deducted from all refund requests, and a program supply fee if applicable. (If program falls below the minimum required participants and the vacancy cannot be filled, no refund will be given).
5. Refunds are mailed out usually every two weeks, in conjunction with the bill list schedule.

OFFICE USE ONLY:

Rec Trac _____ Receipt _____ Waitlist _____ Credit Card Processed _____ Signed _____ Mailed _____ Purge _____