

# registration form



Please remit with payment to:  
City of Fairview Heights Parks & Recreation  
10025 Bunkum Rd  
Fairview Heights, IL 62208

## Registration Procedures:

Please use this form for all class fees, clinics and trips. You may either mail, register on-line, or bring this form with all fees to: Parks & Recreation, 10025 Bunkum Rd, Fairview Heights, IL 62208. Business hours are Monday-Friday from 7:30 - 4:00 p.m. We also have a drop slot on the front door for after hours registration. PLEASE MAKE SURE TO SIGN AND DATE THIS FORM AND INCLUDE ALL FEES. Please note that when we refer to the Recreation Room, this is the old police department building. The easiest way to get to our office is from Bunkum Rd, turn onto Moody Ave next to the police station, this road passes the Recreation Room (will be on the left), the Senior Center (located at the bottom of the hill and is the basement to City hall) and ends at our office, the Parks and Recreation. To register online, go to <https://activenet5.active.com/fairviewheights/> or click the direct link at [www.cofh.org](http://www.cofh.org). All classes are filled on a first come first serve basis.

## Cancellation Policy:

All cancellations must be submitted 7 days prior to the class/event date for a refund. And will be subject to a 5% processing fee.

### Family Profile:

Payer's Name \_\_\_\_\_ DOB \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_  
Address \_\_\_\_\_ Daytime Contact/Phone \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

### Registration Details:

Program Name	Session	Participant's Name	Age	Birthday MM/DD/YY	Sex	Grade	Fee	T-Shirt Size

### Waiver and Release of all Claims:

**For Office Use Only:** Paid w/ check # \_\_\_\_\_

I accept full responsibility by signing below for any claim arising out of the designated class period. I do hereby waive, release and agree to hold harmless the City of Fairview Heights, the instructors and additional sponsors for any claim arising out of this class. I acknowledge that I am aware of the risks of participation in a class/league of this type. I hereby certify that the named participant is in good physical condition and able to safely participate in a class of this type.

Signature of parent or participant 18 yrs or older: \_\_\_\_\_ Date: \_\_\_\_\_