



Program Registration Form

Viking Park Community Center
 4374 Old Grand Ave • Gurnee, IL 60031
 Main (847) 623-7788 • Fax (847) 623-8121



Hunt Club Park Community Center
 920 N. Hunt Club Rd • Gurnee, IL 60031
 Main (847) 623-7788 • Fax (847) 855-1372

Primary Member Name _____ Male Female
 Address _____ Home Phone _____
 City/Zip _____ Work Phone _____
 Date of Birth _____ Emergency Contact/Phone _____
 Email _____ Residency Gurnee Park District* Non-Resident
 School District Residency Dist. 50 Dist. 56 Dist. 121

*Gurnee Park District Residents may be asked to prove residency by providing a copy of a real estate tax bill, lease agreement, driver's license, state I.D. card or utility bill.
 Do you have any special needs or require any accommodations? _____

Participant Information

Program ID #	Program Name	First Name	Last Name	Date of Birth	M/F	Fees
_____	_____	_____	_____	_____	_____	\$
_____	_____	_____	_____	_____	_____	\$
_____	_____	_____	_____	_____	_____	\$
_____	_____	_____	_____	_____	_____	\$
_____	_____	_____	_____	_____	_____	\$
_____	_____	_____	_____	_____	_____	\$
_____	_____	_____	_____	_____	_____	\$

Method of Payment

Total Paid \$ _____

Check # _____ Cash Credit Card

Name on Card _____ Card Number _____

Expiration Date _____ Authorized Signature _____

Important Waiver Information:

You must sign and date the following to insure that you have read and fully understand the important waiver information on the back of this form including, warning of risk, assumption of risk and release of all claims. If registering via fax, signature shall substitute for and have the same legal effect as an original form signature. Registration will not be processed without a signature.

 Participant Signature (If under 18 years old Parent/Guardian Signature) _____
Date