Coloma Township Park District Registration Form

Participant's Name:_____

Parent's Name:_____

Address:_____ City: _____ Zip:_____

Phone:_____ E-mail: _____

Date of Birth: _____ Emergency Phone: _____

Program	Day	Time	Fee
			Total Enclosed

WAIVER FOR PARTICIPANT BY PARENT

In consideration of your accepting my child's entry, I hereby, for myself, my child, my heirs, executors and administrators waiver and release any and all rights and claims for damages I or my child may have against the Coloma Township Park District or school district and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups. Participant (or Legal Guardian) assumes responsibility for paying all fees associated with registration and agrees to abide by the Coloma Township Park District's rules and regulations.

Signature:_____Date:_____

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INFORMATION WILL BE KEPT CONFIDENTIAL AND NOT SHARED WITH ANY OTHER GOVERNMENT AGENCY

Please complete this information for use in grant writing (optional).

Please check household income.

[ ] $0 - $16,000
[ ] $16,001 - $25,000
[ ] $25,001 - $35,000
[ ] $35,001 - $50,00
[ ] $50,001 and over
Number of persons in household_____

* Please complete this information for use in grant writing (optional).
* Please check ethnic origin:
* [ ] Asian, Pacific Islander
* [ ] Black, Non-Hispanic
* [ ] White, Non-Hispanic
* [ ] Other_____
[ ] American Indian
[ ] Hispanic
[ ] Non-resident Alien

Registration may be done in person at:
Coloma Township Park District, 508 East 11th Street, Rock Falls, Illinois 61071

Please Help Support Our Local United Way!!!