O'Fallon Parks & Recreation Dept.

Office Address: 308 East 5th Street

Mailing Address: 255 South Lincoln Street

Phone Number: (618) 624-0139





REGISTRATION:

In order to record your family in our new computer registration program, please supply the following information. *Please print all information*.

1. HOUSEHOLD CONTACT: adu	Its responsible fo	r sign-up	and payment		
Name:			Email Address:		
Address:			City:	State: _	Zip:
Home Phone Number:			_ Alternative P	hone Number:	
2. PROVIDE INFORMATION ON	ALL PARTICIPA	NTS: If	you have alread	y supplied this info, you r	may skip to #3.
Name	Birth Date	Sex	School Grade	Health Concerns (continue	on back if needed)
		M F			
		MF			
		M F			
3. I WOULD LIKE TO REGISTER Hong Martial Arts Program C	options (check				
3 Month Children's Introductor				(2 days a week - ages 6 and up	o - fee due at sign-up)
6 Months - 2 days a week - \$					
(FREE UNIFORM for new students only) -	<u> </u>		p or in two installm	ents (balance must be paid off t	two months after start date)
1 Year - 2 days a week - \$500 FREE UNIFORM – fee can be paid in full			paid off within 3 mo	onths of start date	
Black Belt Program - \$1750.0	00 (\$300.00 due at	signup bala	ance due within 11	months)	
2 Member Family Program - 2	2 days a week _	3 Mc	onths \$305.00	6 Months \$520.00 _	1 Year \$900.00
3 Member Family Program - 2	2 days a week _	3 Mc	onths \$365.00	6 Months \$640.00 _	1 Year \$1140.00
4 Member Family Program - 2	2 days a week _	3 Mo	onths \$425.00	6 Months \$760.00 _	1 Year \$1380.00
5th family member FREE					
PLEASE MAKE CHECKS PAYABLE TO:	O'Fallon Parks	<u>& Recrea</u>	ation Dept.		
4. PAYMENT METHOD: CASH A	AMOUNT:	CH	HECK#:	CHECK AMOUNT:	DATE:
5. Waiver and Release of All (Claims:				
Please, read this form carefully and be aware the releasing all claims for injuries, damages or loss with this program (including transportation service)	which you or your mino	r child/ward	might sustain as a res		
I recognize and acknowledge that there are certa damages or loss, regardless of severity, that my re child/ward may have (or accrue to me or my child agents, volunteers, and employees (hereinafter contents)	minor child/ward or I ma d/ward) as a result of pa	y sustain as articipating i	a result of said partic n this program against	pation. I further agree to waive and i	relinquish all claims I or my minor
I do hereby fully release and forever discharge the me or my minor child/ward and arising out of, co		,		ges or loss that my minor child/ward	or I may have or which may accrue t
Warning of Risk: Recreational programs are inter preparation, instruction, and medical advice, cornot all hazards and dangers can be foreseen. De slipping, falling, poor skill level or conditioning, instruction or officiating, and all other circumsta Parks/Rec Dept. to guarantee absolute safety.	nditioning, and equipme pending on the particula carelessness, horseplay,	nt, there is s ar activity, pa unsportsma	still a risk of serious in articipants must under inlike conduct, premise	jury when participating in any recrea stand that certain risk, dangers,and i es defects, inadequate defective equi	itional program. Understandably, injuries due to inclement weather, ipment, inadequate supervision,
MUST BE SIGNED by Participant	(if 18 years of ag	e or olde	r) or Parent and/	or Legal Guardian	

Signature: _____ Date: ____