Mt Prospect Park District
Winter 2026-27 Dance Program Payment Plan

Family's Last Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone # _____ Email: _____

Class Code	Program Name	Day	Time	Fee	Participant's Name	Birth Date

Payment Method: Visa MC Disc Card # _____ Exp. Date _____

Amount $ _____

Name on Card: _____

Cardholder Signature: _____

◯ *I agree to have my credit card automatically charged on 2.10.27 and 3.10.27.*

Mt. Prospect Park District Waiver & Release

I hereby agree to abide by all Mt. Prospect Park District rules and regulations as they pertain to the Park District facilities or services, and any resulting consequences for failing to abide by them. By their very nature, many Park District programs involve body contact, substantial physical exertion, emotional stress and/or use of equipment, which represents a certain risk of users. It is recommended that you check with your physician prior to participating in these activities. The Park District does not provide insurance protection for participants in Park District activities. Registration in any Park District program or purchase of any Park District facility use pass or admission assumes full responsibility on the part of the registrant for any risk, implicit or direct, by participation in said activity or facility. Further, the registrant agrees to the following:

1. I fully recognize the risks of injury or illness inherent in this program and represent to the Park District that I offer my authority for me or for my child to participate.
2. I hereby release and discharge the Mt. Prospect Park District and its officers, directors, employees and volunteers from any and all claims, actions or causes of judgements whatsoever including attorney's fees and costs, which might arise from said participation.
3. I hereby execute this release and acknowledge that such participation is at my own risk.
4. I hereby grant emergency treatment for myself or child if I cannot be reached.

Participant's Name (please print)

_____

Participant's Signature/Legal Guardian Signature *(If participant under 18 yrs.)*

_____ **Date:** _____

FOR MPPD OFFICE USE ONLY - Date Received:_____ By:_____

	Class Code	Student's Name	Fee	Initial Payment	1st Payment	2nd Payment
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

TOTAL INITIAL PAYMENT_____

TOTAL FOR BILLED SECOND AND THIRD PAYMENT _____

*Second and third payment amounts must be equal