



NEW! Faster and easier registration process

- less time filling out forms and waiting in line
- register multiple participants from the same household on one convenient form
- more accurate to serve you better

CURRENT CUSTOMERS Any customer who has previously registered for a Rockford Park District program can now register for programs faster and easier with the *new!* **Program Registration form**. Participants will no longer need to provide all of their basic household information every time they register for a program, and will be able to register more than one participant on the same **Program Registration form** (as long as that participant's basic information is on file from a previous registration).

NEW CUSTOMERS If you have never registered for a Rockford Park District program, you will be asked to fill out the *new!* **Household Information form**, as well as the *new!* **Program Registration form**. Once your **Household Information form** is on file, you can register for programs by simply filling out the **Program Registration form**.

ALL CUSTOMERS If you register in person at one of our Customer Service locations (see left), a copy of your **Household Information** currently on file will be printed and presented for you to review. If everything is correct you can proceed to register; if any of your information has changed, simply write the new information on the form and a Customer Service representative will update your file after completing your program registration.

TITLE VI As the Rockford Park District has received financial assistance in the form of Land and Water Conservation assistance, the US Department of the Interior, under Title VI of the Civil Rights Act of 1964, prohibits discrimination on the basis of race, color, national origin, age, or disability. If you believe you have been subjected to discrimination in any program, activity, or facility, or you desire further information regarding Title VI, please write to:

Office for Equal Opportunity; US Department of the Interior; Washington, DC, 20240

BOARD OF COMMISSIONERS

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Register early! Classes with low enrollment one week prior to start may be cancelled. Registration ends one week prior to the start date of any program unless otherwise noted. Late registrations accepted on a case-by-case basis. **Registration questions?** Call RPD Customer Service at 815-987-8800 (TTY, 888-871-6171) or visit one of our Customer Service locations.

Four convenient ways to register

ONLINE • rockfordparkdistrict.org

MAIL-IN

Rockford Park District Customer Service
401 S Main St STE 109 • Rockford, IL 61101-1321

FAX (credit card payments only) • 815-987-8877

IN PERSON

Customer Service • Rockford Park District, WNC • 401 S Main St, Rockford
Mon–Fri, 8:30 am–5:00 pm

Customer Service Satellite Office, • Carlson Ice Arena
Perryville and Riverside, in Loves Park
Mon–Fri, 8:00 am–8:00 pm • Sat, 8:00 am–12:00 pm

You may also register for programs at their respective locations during their business hours.

Payment options

Payment is required at the time of registration. We accept cash, local personal checks, credit cards (*Visa, MasterCard, and Discover Card only*) and debit cards on which the VISA or MasterCard logo appears. Please make checks payable to **ROCKFORD PARK DISTRICT**.

EZ\$PAY Automated payment plans are available for Rockford Park District programs. This option requires the head of household to register in person at either Customer Service office and sign agreements for the District to withdraw regular payments from their bank account and/or credit card. Contact Customer Service for more information on this payment option.

registration FAQs

How do I know if I'm registered?

If you registered online, you will receive e-mail confirmation as soon as you have been registered in the program. If you submitted a paper registration form, you will receive a confirmation receipt through the mail listing all the programs for your family, and whether they have been enrolled in the class or placed on the waiting list. The confirmation receipt does not guarantee enrollment if the class does not fill and is cancelled. In the event your program is cancelled, you will be notified and your program fee refunded.

Waiting list policy

Some programs are very popular and fill quickly. You may opt to register for a filled program and be placed on the waiting list. To be placed on a waiting list, the program registration process must be fully completed, including payment. Your position on the waiting list is based upon when the registration is processed by the District. If the District cannot accommodate your enrollment by the second meeting of the class, your registration fee will be refunded in full. All waiting lists have a limited number of spots, so it is possible that the waiting list may already be filled at the time you attempt to register.

How do I know if I'm a resident?

Rockford Park District programs are open to both residents and non-residents of the Rockford Park District. People who are residents are paying property taxes that support the Rockford Park District, and they receive a discount on most Rockford Park District services. To determine if you are a Rockford Park District resident, you can review your personal property tax assessment to see if you are assessed by the Rockford Park District, or you can view a copy of the tax bill for your address at www.wingis.org. You can also call our office at 815-987-8800 during business hours to have us look up your address.

May I register for a friend?

In order to register for a friend, you must bring a completed registration form on which the Waiver

and Release of All Claims and Assumption of Risk has been signed by an adult who is legally responsible for the participant.

Age policy

Unless otherwise noted, recreation programs require participants to reach the minimum age by Jan 1, and not reach the maximum age before the conclusion of the program. Lesson programs require that participants be within the age limits of the class by the first day of the program.

Transfer policy

Transfers are allowed up until the beginning of the first class. Transfers after a program has started must be requested through the manager of the specific program. If the transfer is to a higher priced program, the additional fee must be paid prior to the transfer. If the transfer is to a lower priced program, a credit will be issued to the household.

What is the cancellation and refund policy?

Full refunds will be granted for any registration cancelled by the participant two weeks prior to the first day of the program. If the program you've registered for is cancelled, a full refund will be issued. If you feel that the program you or your child participated in did not deliver the service that it was supposed to, you are entitled to a Quality Assurance refund. All we ask is that you speak with the program manager to help them understand your dissatisfaction.

Partial refunds may be issued for programs that you are unable to complete due to illness or injury (*it is your responsibility to notify the District of your situation before the program ends*) or that the District has to cancel due to inclement weather or conditions. Some programs reserve the right to issue promotional day passes or schedule make-up classes in lieu of cash refunds for weather-related cancellations. No refunds will be issued to participants who withdraw from a program less than two weeks prior to the first day of the program.

These regulations apply to recreational and instructional programs throughout the Park District. They do not apply to daily admissions, memberships, permits, leagues and rentals. These services have specific policies as part of the information provided to the participant at the point of registration.

Refunds will be issued in the form of a credit to your household account. You may redeem your credit towards any future Park District registrations for any member of your household. If your household credit is more than \$10.00, you may request a refund by calling Customer Service. Refunds will be applied to any outstanding balance owed by your household for programs, activities, memberships, leagues, or rentals. If there is no outstanding balance on your account, the refund will be issued in the form of a check or applied to your credit card based upon the method of payment used at the time of registration. Allow up to two weeks to receive your check or for the credit to be posted.

Recreation Satisfaction Guaranteed!

Our goal is to provide our customers and citizens with recreational programs, events, and activities of the highest quality. When a customer is not satisfied, we sincerely request their comments, suggestions, or ideas for improvements.

If a customer is not completely satisfied with a recreational program, event, or activity the Park District directly provides, the customer may tell us and we will arrange for one of the following options of their choice:

- 1) Cash refund on site (*when possible, limited up to \$25*)
- 2) Refund by mail (*within 2-3 weeks*)
- 3) Refund to credit card (*if payment was made by credit card*)
- 4) Refund to household account

Refund applications (*Quality Assurance Forms*) may be filled out in writing at the facility where the program, event, or activity is delivered, or at the Customer Service Office during business hours. Season pass refunds may be pro-rated, based on the length of use during the season of operations.



fun FOR all kids

No child should be denied access to learning an important ability, such as swimming, or developing skills for a lifetime of enjoyment, due to their inability to pay. The Rockford Park District offers a fee assistance program called Fun For All Kids (FFAK).

If you can answer yes to the following questions, your children may qualify for **Fun for All Kids**, and they may receive up to a 75% discount on registration fees for Rockford Park District programs.

- 1) Do you currently receive Illinois Link?
- 2) Do you live within Rockford Park District boundaries?

All you need to do is bring in your current Illinois Link statement, your state ID or driver's license, and a copy of your childrens' medical cards or birth certificates. We'll have you fill out a short form and copy your documents, then you are all set to register your children for programs.

If you have financial needs and live within the Rockford Park District boundaries, but are not receiving Illinois Link, just bring in your most recent tax records, paycheck stubs, SSI or any other income records (*including child support*). We'll have you fill out a short form, copy your documents, do some quick calculations, and refer to federal guidelines. Within minutes, we can let you know if your children qualify for a 75% or 50% discount on registrations.

NOTE Daily admissions, private lessons, and season passes are NOT available through Fun for All Kids.

Fee assistance

Customers of all ages with disabilities who meet fee assistance guidelines and are residents of the Park District may be eligible for the fee assistance program.

 **Look for this symbol throughout the guide.**

FEE ASSISTANCE AVAILABLE

See pg 57 for details.



inclusion SERVICES

Inclusion within the Rockford Park District means individuals with disabilities are welcome to participate in the same recreation programs and activities as their peers. Reasonable accommodations are provided to enable an individual's successful participation in a program.



How?

The Rockford Park District welcomes and supports the participation of individuals with disabilities in all programs and services.

- Consultation on activity modification
- Disability awareness training
- Behavior modification support
- Observation and evaluation
- Visual systems and sensory equipment/toys
- Sign language interpreters
- Adapted equipment (*sleds, skate walkers, hand cranked bicycles, sport wheelchairs*)
- Varying levels of disability-trained staff support

A parent's guide to inclusion

Steps to receive inclusion support

1. Register for desired Rockford Park District program at Webbs Norman Center, Carlson Ice Arena, or www.rockfordparkdistrict.org.
2. Check "yes" where the registration form states, "... does the participant have a disability or medical conditions that may require assistance or accommodation?"
3. A team member from Inclusion Services will contact you within 48 hours to assess needs, level of support, and an appropriate start date.

**For additional questions,
contact Abby Oakley, CTRS**

815-987-1610 (TTY, 888-871-6171)
Inclusion@rockfordparkdistrict.org

Popular programs in which individuals with disabilities have been included:

- Lessons (*swimming, hockey, ice skating, horseback riding, tennis, golf*)
- Day and residential summer camps (*Summer Blast, Nature Quest, Camp Lone Oak, Pony Camp*)
- Neighborhood programs (*Playgrounds, Lewis Lemon and Washington Park community centers*)
- Environmental education and recreation
- Youth sports
- Rec nights
- After school programs

Inclusion Services roles

1. Contact family/guardian to complete full assessment.
2. Obtain and organize any additional info, equipment, and additional support staff (if applicable).
3. Notify program staff of participants' needs and the staff's role in supporting them in their program.
4. Communicate with family any updates, changes, or any information that they need to be made aware of before the start of the program.
5. Maintain communication with parents/guardians, support staff, and program staff, throughout the course of the program.
6. Recommendations will be addressed based on the participant's progress or level of success in the program.

Inclusion Services has created successful inclusion opportunities by:

- Implementing a positive support plan for a child with a conduct disorder in a full day summer camp setting.
- Providing an all-terrain wheelchair for a student with a physical disability for full trail access at Atwood Environmental Center.
- Creating and training staff on an enhanced visual system for a camper with a visual impairment.
- Trained staff supporting a camper with an attention deficit disorder by providing additional supports such as redirection and positive reinforcements at soccer camp.
- Providing a sign language interpreter for a teen at horseback riding lessons.

Parent/Guardian roles

1. Verify the participant meets minimum eligibility requirements of program (*i.e., age, registration, and level of participation*).
2. Keep in mind, recreation programs and activities are voluntary in nature. Participation will be encouraged and aided, but not forced.
3. Communicate openly with Inclusion Services staff, providing pertinent information on participant's needs for successful inclusion.
4. Communicate absences to inclusion and/or program staff in advance.
5. Provide constructive feedback on participant's progress and response to inclusion effort.

online REGISTRATION SYSTEM

Registering for Park District programs is easier than ever!
With the online registration system, you can:

- Use the search engine to find programs
- Find out if a program is available before registering
- Register when it's convenient for you, not just when our office is open
- Receive e-mail confirmations of online registrations.



To start using the online registration system, visit rockfordparkdistrict.org, and click on "Register now."

Existing online users

If you have previously created a **user name**, **password**, and **household profile**, you may proceed to the login screen to register for a program.

Recent Park District users

Anyone who has registered for a program in the past 2 years

To register online, you may use the **household number** listed on past receipts or the **first six numbers** on your season pass as your **user name** and **password**. You may also call 815-987-1611 or e-mail helpdesk@rockfordparkdistrict.org to obtain your household ID number. Once logged in, you can click on "my account" and then "change user name" to customize these options.

New users

If you are a brand new customer to the Rockford Park District, you can create your own account, and then go to registration. You will need to furnish your name, address, birth date, and telephone numbers, as well as an e-mail address to set up an account.

Guest user

Those without a user name and password will be able to browse our program listings by clicking "guest," however, you must either login or create an account to register online.



Once you've clicked on "Register now" you'll be taken to the sign in page. Enter your ID and password to sign in, or browse programs as a guest.

Key to WebTrac online registration icons

The **cart icon** button takes you to the screen where you begin the process to add the selected item to your shopping cart.

The **cart with slash icon** button will remove the selected item from your shopping cart.

The **exclamation mark icon** indicates that online registration is not available.

The **i icon** displays registration dates, age ranges when applicable, enrollment counts, fee details, and special notes regarding the activity.

You may also register in person at either Customer Service location

Webbs Norman Center
 401 S Main St, Rockford
 Mon–Fri, 8:30 am–5:00 pm

Carlson Ice Arena
 Perryville and E Riverside Blvd, Loves Park
 Mon–Fri, 8:00 am–8:00 pm, Sat 8:00 am–12:00 pm



HOUSEHOLD INFO FORM

FOR NEW CUSTOMERS ONLY Complete this form only if you have never registered for a Rockford Park District activity or purchased a season pass.

HH ID# / Household ID# _____

PLEASE NOTE TO REGISTER FOR PROGRAMS YOU WILL NEED TO FILL OUT THE PROGRAM REGISTRATION FORM (pg 53), AVAILABLE AT ANY CUSTOMER SERVICE LOCATION, OR REGISTER ONLINE AT www.rockfordparkdistrict.org.

HEAD OF HOUSEHOLD

Last name _____ First _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Work phone _____ Cell phone _____

E-mail address (optional) _____

Is it okay for us to contact you by e-mail about the programs you have registered for? Yes No

Are you interested in receiving information via e-mail with special Rockford Park District promotions, upcoming events, registration, and announcements? Yes No

Male Female Birth date ____ / ____ / ____

Does this person have a disability or medical condition that may require assistance or accommodation? (i.e., diabetes, seizures, mental illness, conduct/behavior disorder, physical disability, developmental delay) Yes No Explain _____

Does this person have allergies requiring medication to be dispensed during the program(s) he/she will be registering for (i.e., EpiPen, Benadryl, etc.)? Yes No Explain _____

RACE/ETHNICITY (optional; select all that apply)

American Indian/Alaskan Native Asian/Pacific Islander Black White Hispanic (any race) Other (please list) _____

SECONDARY HEAD OF HOUSEHOLD Please fill in phone numbers if different than those listed above.

Last name _____ First _____

Home phone _____ Work phone _____ Cell phone _____

Male Female Birth date ____ / ____ / ____

Does this person have a disability or medical condition that may require assistance or accommodation? (i.e., diabetes, seizures, mental illness, conduct/behavior disorder, physical disability, developmental delay) Yes No Explain _____

Does this person have allergies requiring medication to be dispensed during the program(s) he/she will be registering for (i.e., EpiPen, Benadryl, etc.)? Yes No Explain _____

RACE/ETHNICITY (optional; select all that apply)

American Indian/Alaskan Native Asian/Pacific Islander Black White Hispanic (any race) Other (please list) _____

EMERGENCY INFORMATION Please list any adult (age 18+) whom we should contact in case the parent/guardian cannot be reached in the event of any emergency.

Contact #1 (first, last name) _____ Relationship _____

Home phone _____ Work phone _____ Cell phone _____

Contact #2 (first, last name) _____ Relationship _____

Home phone _____ Work phone _____ Cell phone _____

AUTHORIZED PICK-UP Please list any adult (age 18+) authorized to pick up your participant(s) in the event you are unable to do so.

Contact #1 (first, last name) _____ Phone # _____ Relationship _____

Contact #2 (first, last name) _____ Phone # _____ Relationship _____

PLEASE CONTINUE ON BACK SIDE - THIS FORM IS NOT CONSIDERED COMPLETE UNTIL ALL NECESSARY INFORMATION HAS BEEN PROVIDED

CUSTOMER SERVICE 815-987-8800 (TTY, 888-871-6171)

HOUSEHOLD INFO FORM

HOUSEHOLD MEMBERS

MEMBER #3 Last name _____ First _____ Middle _____

Male Female Birth date ____ / ____ / ____

Does this person have a disability or medical condition that may require assistance or accommodation? (i.e., diabetes, seizures, mental illness, conduct/behavior disorder, physical disability, developmental delay) Yes No Explain _____

Does this person have allergies requiring medication to be dispensed during the program(s) he/she will be registering for (i.e., EpiPen, Benadryl, etc.)? Yes No Explain _____

RACE/ETHNICITY (optional; select all that apply)

American Indian/Alaskan Native Asian/Pacific Islander Black White Hispanic (any race) Other (please list) _____

MEMBER #4 Last name _____ First _____ Middle _____

Male Female Birth date ____ / ____ / ____

Does this person have a disability or medical condition that may require assistance or accommodation? (i.e., diabetes, seizures, mental illness, conduct/behavior disorder, physical disability, developmental delay) Yes No Explain _____

Does this person have allergies requiring medication to be dispensed during the program(s) he/she will be registering for (i.e., EpiPen, Benadryl, etc.)? Yes No Explain _____

RACE/ETHNICITY (optional; select all that apply)

American Indian/Alaskan Native Asian/Pacific Islander Black White Hispanic (any race) Other (please list) _____

MEMBER #5 Last name _____ First _____ Middle _____

Male Female Birth date ____ / ____ / ____

Does this person have a disability or medical condition that may require assistance or accommodation? (i.e., diabetes, seizures, mental illness, conduct/behavior disorder, physical disability, developmental delay) Yes No Explain _____

Does this person have allergies requiring medication to be dispensed during the program(s) he/she will be registering for (i.e., EpiPen, Benadryl, etc.)? Yes No Explain _____

RACE/ETHNICITY (optional; select all that apply)

American Indian/Alaskan Native Asian/Pacific Islander Black White Hispanic (any race) Other (please list) _____

MEMBER #6 Last name _____ First _____ Middle _____

Male Female Birth date ____ / ____ / ____

Does this person have a disability or medical condition that may require assistance or accommodation? (i.e., diabetes, seizures, mental illness, conduct/behavior disorder, physical disability, developmental delay) Yes No Explain _____

Does this person have allergies requiring medication to be dispensed during the program(s) he/she will be registering for (i.e., EpiPen, Benadryl, etc.)? Yes No Explain _____

RACE/ETHNICITY (optional; select all that apply)

American Indian/Alaskan Native Asian/Pacific Islander Black White Hispanic (any race) Other (please list) _____

PLEASE NOTE: IF ANY OF YOUR HOUSEHOLD INFORMATION HAS CHANGED, IT IS YOUR RESPONSIBILITY TO NOTIFY CUSTOMER SERVICE, OR LOG IN ONLINE TO UPDATE YOUR PROFILE - www.rockfordparkdistrict.org



PROGRAM REGISTRATION FORM

HEAD OF HOUSEHOLD

HH ID# / Household ID# _____

Last name _____ First _____

Home phone _____ Work phone _____ Cell phone _____

How did you find out about our program(s)? billboard e-newsletter friend/relative magazine newspaper other radio TV web site

PARTICIPANT INFORMATION

FIRST & LAST NAME	PROGRAM ID#	PROGRAM TITLE	FEE
			\$
<input type="checkbox"/> Yes! I would like to make a donation to the RPD Fee Assistance program to aid kids who need financial help to participate in RPD programs.			\$
Will participant(s) need to take medication during program hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please request the Permission to Administer Medication Form.			TOTAL

PAYMENT INFORMATION

Credit card # _____ Exp date _____ Total of all fees \$ _____

Signature (Authorization for credit card use) _____

**PLEASE READ THE WAIVER & CONDITIONS FOUND ON THE BACK OF THIS FORM.
THIS FORM IS NOT CONSIDERED COMPLETE UNTIL ALL NECESSARY INFORMATION HAS BEEN PROVIDED.**

WAIVER & RELEASE I have read and agree to all the terms and conditions as stated on the back of this form.

Participant's name (PLEASE PRINT) _____

Parent/guardian or adult participant signature _____ Date _____

PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.

TEAM REGISTRATION FORM

OFFICE USE ONLY Reg Clk _____ date _____

TEAM INFORMATION

LEAGUE ID# _____

MANAGER Last name _____ First _____ TEAM NAME _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Work phone _____ Cell phone _____

LEAGUE INFORMATION

Program ID# _____ Program title _____ Fee _____

Program ID# _____ Program title _____ Fee _____

Special requests _____

PAYMENT INFORMATION

Credit card # _____ Exp date _____ Total of all fees \$ _____

Signature (Authorization for credit card use) _____

IMPORTANT INFORMATION

The Rockford Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Recreational activities are intended to challenge and engage the physical, mental, and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of serious injury when participating in any recreational activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for the Rockford Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (*including transportation services/vehicle operation, when provided*). I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (*or accrue to me or my child/ward*) as a result of participating in this program/ activity against the Rockford Park District, including its officials, agents, volunteers and employees (*hereinafter collectively referred to as "District"*). I do hereby fully release and forever discharge the District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity. I have read and fully understand the above important information, warning of risk, assumption of risk, and waiver and release of all claims. If registering on-line or via fax, my on-line facsimile signature shall substitute for and have the same legal effect as an original form signature.

PHOTO/VIDEO AUTHORIZATION, CONSENT AND RELEASE OF ALL CLAIMS

I hereby authorize and give my consent to the District to photograph/video me and my minor child/ward, and without limitation, to use such photographs/video in connection with promoting/advertising the services, programs, and facilities of Rockford Park District without consideration of any kind. Such productions may be copied, copyrighted, edited, and distributed by the District in the manner described above. I understand that my and my minor child's/ward's name, likeness, or voice may be used in the manner described above, and grant the Rockford Park District the right to use and reuse, in any manner at all, the video, motion picture, audio recording, web page, social media pages, or still photograph productions, and broadcasts as described above. I hereby waive any and all rights that my minor ward/child and I may have to examine or approve the finished product or products that contain the photograph/video of me or my minor ward/child and/or the advertising copy or printed matter that may be used in connection therewith or the use to which it may be applied. I hereby forever release and discharge the Rockford Park District from any and all claims, actions and demands arising out of or in connection with the use of said video, motion picture, audio recording, web page, social media page, or still photograph, including, without limitation, any and all claims for invasion of privacy and libel. This release shall inure to the benefits of the assigns, licenses and legal representatives of the Rockford Park District, as well as the party(ies) for whom the Rockford Park District took the video, motion picture, audio recording, web page, social media page, or still photograph.

Four convenient ways to register

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MAIL-IN

Rockford Park District Customer Service
401 S Main St STE 109 • Rockford, IL 61101-1321

FAX (*credit card payments only*) • 815-987-8877

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Registration questions? Call RPD Customer Service at 815-987-8800 (TTY, 888-871-6171).

Register early!

Classes with low enrollment one week prior to start may be cancelled. Registration ends one week prior to the start date of any program unless otherwise noted. Late registrations accepted on a case-by-case basis.

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Payment is required at the time of registration. We accept cash, local personal checks, credit cards (*Visa, MasterCard, and Discover Card only*) and debit cards on which the VISA or MasterCard logo appears. Please make checks payable to **ROCKFORD PARK DISTRICT**.

We welcome the opportunity to assist guests with disabilities to enjoy ALL our facilities, programs, and services. For assistance and information on accessibility, contact Customer Service at 815-987-8800 (TTY, 888-871-6171).

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