

# Program Registration Form

**Fall 2016 Registration Begins:** Residents - August 8 Non-Residents - August 15

## 1. General Information

Date \_\_\_\_\_ (Check)  Resident  Non-Resident **Check preferred # to call**

Family Last Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Evening Phone \_\_\_\_\_

## 2. Receive Park District News

E-mail Address (for program updates): \_\_\_\_\_

**Yes!** Please include me in the monthly E-Newsletter. I would like to receive information on Park District Events and programs.

## 3. Choose your program

Class Code	Activity Name	Fee	Participants Name	M/F	Date of Birth	Grade
Total Payments Included:		\$	Receipt #:			

In case of refund: name checks should be made out to (please print): \_\_\_\_\_

Please note any special needs including food allergies: \_\_\_\_\_

(Please note: it may require 48 hours notice for accommodations)

## 4. Please complete this portion if mailed or faxed in

Indicate your choice of payment:  Check  Cash  Bank Charge

Bank Charge Information:

1.  Visa  Master Card  Discover 2. CVC Number \_\_\_\_\_ 3. Expiration Date \_\_\_\_\_

4. Cardholder No. \_\_\_\_\_ 5. Signature \_\_\_\_\_

# Waiver

## Waiver

The Wauconda Park District is committed to conducting its recreation programs in a safe manner and holds the safety of participants in high regard. The Wauconda Park 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.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury, or impairment, to consult a physician before undertaking any physical activity.

## Warning of Risk

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/program. Understandably, not all hazards and dangers can be foreseen. Participants must understand that certain risks, dangers, and injuries due to acts of god, inclement weather, slipping, falling, equipment failure, failure in supervision, premises defects, and all other circumstances inherent to recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Wauconda Park District to guarantee absolute safety.

## Waiver and Release of all Claims and Assumptions 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, 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 Wauconda Park District, including its officials, agents, volunteers, and employees (hereinafter collectively referred as "Wauconda Park District".)

I do hereby fully release and forever discharge the Wauconda Park 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 a minor participant, I further attest that I have read the above to my minor child/ward.

Participant's Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_  
(18 years or older or parent/guardian)

Date: \_\_\_\_\_