

REGISTRATION FORM



Please print clearly and fill out this form completely.

Have you ever registered for a Waukegan Park District program? YES NO Are you a Waukegan Park District resident? YES NO

PARENT'S NAME/PAYER'S NAME						
STREET NUMBER	STREET DIRECTION <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	STREET NAME		STREET TYPE <input type="checkbox"/> AV <input type="checkbox"/> RD <input type="checkbox"/> ST OTHER:		
ADDRESS 2 (P.O. BOX, APARTMENT NUMBER)						
CITY			STATE	ZIP		
HOME PHONE			WORK PHONE	FAX		
EMERGENCY CONTACT PERSON			EMERGENCY PHONE	E-MAIL		
PARTICIPANT'S NAME (FIRST, M.I. LAST)		SEX	BIRTHDATE	PROGRAM #	PROGRAM NAME	FEE
		<input type="checkbox"/> M <input type="checkbox"/> F	/ /		MEAL SELECTION:	
		<input type="checkbox"/> M <input type="checkbox"/> F	/ /		MEAL SELECTION:	
		<input type="checkbox"/> M <input type="checkbox"/> F	/ /		MEAL SELECTION:	
		<input type="checkbox"/> M <input type="checkbox"/> F	/ /		MEAL SELECTION:	
METHOD OF PAYMENT <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	CARD NUMBER	V CODE (✓ back of card)	EXP. DATE	<input type="checkbox"/> SCHOLARSHIP <input type="checkbox"/> DISCOUNT <input type="checkbox"/> GIFT CERTIFICATE		-
NAME (PRINT AS IT APPEARS ON CARD)		SIGNATURE X		TOTAL \$		

The Waukegan Park District welcomes individuals with special needs into programs. Please describe any accommodations needed for successful inclusion in the program(s): _____

Important Information

The Waukegan Park District (hereinafter referred as WPD) is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in the highest possible regard. The WPD 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 the below listed programs/activities 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 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

Recreational activities/programs 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/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the WPD 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 the identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing any and all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in these programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, 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 my minor child/ward or I may have (or accrue to me or my child/ward) as a result of participating in any and all programs/activities against the (WPD), including its officials, agents, volunteers and employees.

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 or facsimile signature shall substitute for and have the same legal effect as an original form signature.

X _____
SIGNATURE OF PARENT, GUARDIAN OR PARTICIPANT DATE

PRINT NAME OF PARENT, GUARDIAN OR PARTICIPANT EMPLOYEE ACCEPTING REGISTRATION

IF THE SIGNATURE OF ADULT PARTICIPANT OR PARENT/GUARDIAN OF YOUR MINOR CHILD/WARD AND DATE ARE NOT ON THIS WAIVER, PARTICIPATION IN ACTIVITIES/PROGRAMS WILL BE DENIED.