



REGISTRATION FORM

Online Registration: www.wilmettepark.org • Fax Registration: 847-256-0739

Mail Registration: Wilmette Park District
1200 Wilmette Avenue, Wilmette, IL 60091

Questions? 847-256-6100

Adult Registrant or Parent/Guardian Name _____

Address _____ Home Phone () _____

City _____ Zip Code _____ Cell/Business Phone () _____

E-mail address _____

Activity # --section 123456-01	Program Name	Participant's First & Last Name	School	Fee	Birthdate	M/F Circle
—						M F
—						M F
—						M F
—						M F
—						M F
—						M F
—						M F

Total Fees: →

Waiver & Release of All Claims and Assumption of Risk

Please read this form carefully and be aware that by registering and participating in Park District programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain from programs/activities.

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 I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against the Wilmette Park District, including its officials, agents, volunteers and employees.

I do hereby fully release and forever discharge the Wilmette Park District from any and all claims for injuries, damages or loss, including transportation services when provided, 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 these programs/activities.

I have read and fully understand the above 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.

Authorized Signature

Date

Method of Payment:

- Cash Check Other
 Charge: MC Visa Discover

Card # XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Exp. Date _____ CVS code _____ Zip code _____

Authorized Signature _____

Americans With Disabilities Act

Please check here if you need any accommodation, in accordance with the ADA, to effectively participate in an activity or at a facility. A staff member will contact you for more information. If you do not hear from us prior to the start date of a program, please call to confirm your accommodations.