## 2021/2022 CLUB REGISTRATION FORM (Program is offered for K thru 6th grade)

	Program is offe	rea for K th	ru otn grad	ie)
Child's First Name:	Last	Name:		_ D.O.B
Mother's First Name:	Last	Name:		D.O.B
(M) Work Phone:	Cell Phone	):	Email:_	· · · · · · · · · · · · · · · · · · ·
Father's First Name:	Las	t Name:		D.O.B
(F) Work Phone:	Cell Phone	):	Email:_	
Family Address:	· · · · · · · · · · · · · · · · · · ·	City:_		Zip:
Grade (Fall 2021):	WGS/WMS:	RC/Matthews	s: R	C Transport to WGS:
Kinder Club: (5 o	days only – Must be regi	stered for AM Kinde	ergarten)	
Please note any special nee	•	gies:		
AM Club: Monday PM Club: Monday	Tuesday Wedi	nesday Th	าursday าursday	Friday Friday
A \$50.00 registration fee is your last month's bill as lor ments and remain the same	ng as your child attends	s Club through Ju		DABLE and will be applied to are divided by 9 equal pay-
Registration information April 19—April 23 April 26– April 30	Current 2019-2020 club General public may reg			days AM or PM or both AM/PM.
need to be completed by 8/5/	2021			and will be e-mailed . Forms

FOR OFFICE USE ONLY

- Payments are due on the first day of the each month with first payment being due on September 1<sup>st</sup>.
- All payments will be deducted electronically from a credit card or debit card.
- Any child **enrolling** before the 15<sup>th</sup> of the month will be charged for the full month.
- Any child **dropping** before the 15<sup>th</sup> of the month will be charged for ½ the month.
- Any child **enrolling** after the 15<sup>th</sup> of the month will be charged for ½ the month.
- Any child **dropping** after the 15<sup>th</sup> of the month will be charged for the full month.
- Once school has started changes are subject to a \$5 processing fee.

Club staff is not permitted to accept any type of payment or registration information.

NO on-line registration

Pricing subject to change Deposit Paid:

5	Kinder
\$164	
\$148	
\$145	\$410
\$131	\$369
	\$164 \$148 \$145

Date:
Receipt Number:
Starting balance:
Start Date:
Teacher:
Staff Initials:
CC #
Last four digits of automatic cc

### WAUCONDA PARK DISTRICT – WAIVER FORM IMPORTANT INFORMATION

#### 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 has 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 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, 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 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 child/ward and arising out of, connected with, or in any way associated with this program or 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.

PRINT PARTICIPANTS NAME
SIGNATURE OF PARTICIPANT/PARENT/GUARDIAN
DATE

# Automatic Credit Card Form 2021/2022 school year

The Park District offers an automatic credit card payment option for Club and Kinderclub fees. Your credit card will be billed automatically on the 1<sup>st</sup> of each month for Club. When payment is completed you will receive a confirmation email.

Camily Nama	Child's Full Name Amount owed		
Family Name	Child's Full Name Amount owed  1 <sup>st</sup> Child \$  2 <sup>nd</sup> Child \$  3 <sup>rd</sup> Child \$		
	3 Ciliu y		
	Office use		
Payer's Full Name Parent responsible for paying	DOB		
Parent responsible for paying			
Total Payment Amount			
Credit Card Information			
Visa Master Card	Discover		
Credit Card Number	CVC		
Expiration Date			
Cardholders Name (Please Print)			
Address	Zip		
Authorized Signature			
Date	<u> </u>		
Note: If you filled out this form for Club 2020 completed for Club 2021/2022 school year.	20/2021 or camp 2021. A new form is required to be		
Fo	For Office Use Only:		
	·		
Date Received:	Staff Initials:		