

Office Use ONLY

2024/2025 CLUB Registration Form (Grades K-6) Wauconda Park District

Mother's First Name		Last Name:		D.O.B
				B.O.B.
				_ D.O.B
				Zip:
				D.O.B
 Grade (Fall 2024):				
Kinder Club:				
Please note any accon				
Please check the prog	, , ,			
AM Club: Monday - Fr	iday PM C	lub: Monday - Friday		
	g as your child atten			nd will be applied to your divided into 9 equal pay-
Registration information April 1 - April 5 April 8 - April 12	Current 2023-2 General public	024 CLUB participants/sib may register	lings currently enrolled	in program
Note: 7/1/2024 the Pare You will receive an ema forms must be complete	il from ePACT Networ			each participant. forms for your child. ePACT
All payments will IAny child enrollingAny child dropping	oe deducted electron after the 15 th of the ma after the 15 th of the ma	onth with first payment be ically from a credit cat onth will be charged for onth will be charged for bject to a \$10 processing	rd or debit card on the full month. the full month.	
******	*******	*****	*****	*********
	enter the card into the			the card with you when on file, please provide the
	5 Day Kinder			
AM 1st child	\$177	Name on card:		
Add. child	\$160			nber:
PM 1st child	\$157 \$444			
Add. child	\$142 \$399			
<u> </u>	·	J		

Deposit paid: ______Date: _____Receipt Number: _____Staff Initials: _____

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 Participant's Name
Signature of Participant/Guardian

Date