



# 2026/2027 BEYOND THE BELL

## REGISTRATION FORM GRADES K - 6

Online registration will be accepted

Mother's First Name: \_\_\_\_\_ Last Name : \_\_\_\_\_ D.O.B. \_\_\_\_\_

(M) Email address: \_\_\_\_\_ Cell Phone : \_\_\_\_\_

Father's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

(F) Email address: \_\_\_\_\_ Cell Phone : \_\_\_\_\_

Family Address: \_\_\_\_\_ City : \_\_\_\_\_ Zip: \_\_\_\_\_

Child's First Name(s): \_\_\_\_\_ Last Name : \_\_\_\_\_ D.O.B. \_\_\_\_\_

Grade (Fall 2026): \_\_\_\_\_ WGS/WMS: \_\_\_\_\_ RC/Matthews: \_\_\_\_\_ CC/Matthews: \_\_\_\_\_

Please note any accommodations needed: \_\_\_\_\_

Please check the program(s) registering for :

<b>AM</b> Beyond The Bell: Monday - Friday _____
1 <sup>st</sup> Child \$187
Add'l Child \$170

<b>PM</b> Beyond The Bell: Monday - Friday _____
1 <sup>st</sup> Child \$165
Add'l Child \$151

**A \$50.00 deposit is due at the time of registration. This fee is NON-REFUNDABLE and will be applied to your last month's bill as long as your child attends Beyond The Bell through May of 2027. Fees are divided into 9 equal payments and remain the same each month.**

### Registration Information

April 6 - 10 Current Beyond The Bell participants

April 13 - 17 General public

*Note: 7/6/2026 the Parent Handbook will be located on our website and will be e-mailed to each participant. You will also receive an e-mail from ePACT Network requesting you to fill out all emergency forms for your child. **ePACT forms must be completed by 8/03/2026.***

- Payments are due on the 15<sup>th</sup> of each month with first payment being due on August 15
- **All payments will be deducted electronically from a credit card or debit card on file.**
- Any child **enrolling** after the 15<sup>th</sup> of the month will be charged for the full 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 \$10 processing fee.

If you do not have a credit card on file with the Park District, you will need to bring the card with you when registering so we can enter the card into the system. If you have a credit card on file, please provide the last 4 digits below with the CVV number.

Name on card: \_\_\_\_\_ Last 4 digits: \_\_\_\_\_ CVV number: \_\_\_\_\_

**Office Use ONLY**

Deposit paid: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt Number : \_\_\_\_\_ Staff Initials \_\_\_\_\_

*Core Values: Teamwork . Integrity . Commitment . Service*



**IMPORTANT INFORMATION**

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 exists. 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.

Print Participant's Name \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

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