

# PHIL'S BEACH PASS

## 2026 REGISTRATION FORM

**General Information :**

Family Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Proof of Residency: D.L. ( ) Other ( )

Res. \*Family Pass: ( ) \$124 Non-Res. \*Family Pass: ( ) \$144 Senior 62+: ( ) \$2/25

Res. Individual Pass: ( ) \$38 Non-Res. Individual Pass: ( ) \$48

\*4 PERSON MAX - An additional **\$20/\$25 Person** will be charged if the number of family members exceeds 4.  
**All** family members must normally reside at the household to receive family pass rates.

ADD. AMOUNT PAID: \_\_\_\_\_ # of Additional Family Members: ( )

**NAMES AND DATE OF BIRTH OF ALL PEOPLE RECEIVING PASSES (including Seniors and children under 3)**

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>PASS MADE</u>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

Parking is very limited and is on a first come first serve basis. Additional parking available in Municipal lot located on Mill Street or at Cook Park in the South "Fest" lot.

Indicate your choice of payment:  Check  Credit/Debit Card

Credit/Debit card – Last 4 digits of card \_\_\_\_\_ CVC/CVV # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Primary Name card is saved under \_\_\_\_\_

Signature \_\_\_\_\_

**Office Use ONLY**

Paid : \_\_\_\_\_ Date: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

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



## Beach Pass Waiver and Release

### IMPORTANT INFORMATION

The Wauconda Park District is committed to providing safe aquatic facilities and programs 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 engaged in aquatic activities must recognize that there is an inherent risk of injury.

You are solely responsible for determining if you or your minor child/ward is physically fit and/or adequately skilled for the activities associated with this Phil's Beach Pass. 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/aquatic activity.

**Please understand and recognize that lifeguards are not responsible for providing supervision or assessing your swimming skills or that of your minor child; rather, lifeguards are responsible for enforcing safety rules and responding to emergencies. Adult Phil's Beach pass holders and parents of minor Phil's Beach pass holders are solely responsible for supervision of any and all activities contemplated by this agreement.**

**Additionally, children 10 years of age and younger must be supervised at all times by a responsible person, 16 years of age or older.**

**Never leave any child with poor swimming skills or is 10 years of age and younger unaccompanied by a parent or responsible person who is 16 years of age or older.**

### WARNING OF RISK

Swimming and other aquatic activities challenge and engage the physical, mental and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including but not limited to drowning, head/brain injury, and spinal cord injury. Understandably, not all hazards and dangers can be foreseen. The very nature of swimming and aquatic activities are hazardous and risky, including but not limited to fatigue and overexertion, poor swimming skills, failing to avoid dangerous areas, failing to follow rules and regulations, failure of lifeguards to locate victims and/or delay in emergency response time, horseplay, diving or cannon-balling into shallow water and striking the bottom or side of the Phil's Beach, inadequate supervision or instruction, lack of conditioning, becoming disoriented, striking other swimmers, striking one's head on the bottom, slip and falls on the deck or within the locker facility, chemical exposure and all other circumstances inherent to aquatic activities. 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 consideration for this Phil's Beach Pass, 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 use of the Wauconda Park District aquatic facilities and programs.

I recognize and acknowledge that there are certain inherent risks of physical injury to patrons of aquatic facilities, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as a result of participating in any and all activities and programs connected with or associated with this Phil's Beach Pass. I further recognize and agree that lifeguards and other aquatic staff are not responsible for supervising my activities or the activities of my minor child(ren). I additionally agree to supervise any children ages 10 and under at all times.

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 use of the Wauconda Park District's aquatic facilities and programs against the Wauconda Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "District").

I do hereby fully release and forever discharge the 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 use of the Wauconda Park District's aquatic facilities and programs.

**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.**

Participant's Name (print): \_\_\_\_\_ Participant Signature: \_\_\_\_\_  
(18 years or older or Parent/Guardian)

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

PARTICIPATION WILL BE DENIED

If the signature of adult participant or Parent/Guardian and date are not on this Waiver