Wauconda Park District

Program Registration Form

Fall 2026

REGISTRATION BEGINS: Residents: August 17, 2026 I Non-Resident: August 24, 2026

General Information

Date _____ ◯ Resident ◉ Non-Resident

Family Last Name _____ Home Phone _____

Street Address _____ Work Phone _____

City _____ Zip _____ Cell Phone _____

E-mail Address : _____

Program Information

Class Code	Activity Name	Fee	Participant Full Name	M/F	Date of Birth	Grade
Total Payment		$	Receipt #			

In Case of refund: Name the checks should be made out to (please print) _____

Wauconda Park District intends to comply with the intend and spirit of American with Disability Act. If you need special accommodations, Please let us know, it may require up to 48 hours notice for accommodations.

American with Disability Special needs? ◉ YES ◯ NO Full Name of Participant: _____

Type of accommodations requesting: _____

Any food allergies, if yes please describe _____

Indicate your choice of payment

◯ Cash ◯ Check ◉ Bank Charge

Bank Charge Information: Card Number : _____ CVC code:_____ Expiration Date : _____

Cardholder Signature : _____

Core Values: Teamwork / Integrity / Commitment / Service

600 North Main Street Wauconda, IL 60084 847-526-3610 www.waucondaparks.com

Wauconda Park District

GENERAL WAIVER & RELEASE

IMPORTANT INFORMATION

The Wauconda Park District is committed to conducting its recreation programs and activities 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/programs.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately 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

Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. 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. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, 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 and vehicle operations, 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.

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 Name (PRINT) _____ Participant Signature _____

Parent/Guardian Signature _____ Date: _____

PARTICIPATION WILL BE DENIED
If the signature of adult participant or parent/guardian and date are not on this waiver.