

Winnetka Park District Program Registration Form

WINNETKA PARK DISTRICT 540 Hibbard Rd., Winnetka, IL 60093

PHONE: (847) 501-2040 FAX: (847) 501-5779 EMAIL: wpdinfo@winpark.org

Family Last Name: _____

Address: _____


Home #: _____ Emergency #: _____

E-mail: _____

[Will receive general WPD email updates]

Would you like to help support the 4th of July celebration?

\$10 \$20 \$50 \$100 Other: _____

Americans with Disabilities Act [ADA] We encourage participation by everyone and provide reasonable accommodations in accordance with ADA standards. If you require program assistance for special needs, check the box to be contacted by our NSSRA Inclusion Liaison, Toby Ross. A diagnosis is not necessary. Toby Ross can also be reached at (847) 501-2071 or tross@winpark.org. 

PAYMENT INFO

Cash Check Credit Card
Visa | MasterCard | Discover

Account #: _____ - _____ - _____ - _____

Exp. Date: ____ / ____ Total Enclosed: \$ _____

Cardholder's Name: _____

Authorized Signature: _____

Activity #	Activity Name	Day/Time	Fee	Registrant's First Name	Gender	Birthday	Grade
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-							
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-							
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WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK SIGNATURE (please read below)

PARTICIPANT'S NAME(S) (please print): _____ DATE: _____

SIGNATURE OF ADULT PARTICIPANT OR PARENT/GUARDIAN: _____

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

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 the identified programs/activities, 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 said programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, 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 sustain as a result of 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 these programs/activities against the Winnetka Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as Winnetka Park District).

I do hereby fully release and forever discharge the Winnetka 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 these programs/activities.

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, your on-line facsimile signature shall substitute for and have the same legal effect as an original form signature.

Residency Policy

Recreation program residency rates apply to everyone who lives within Park District boundaries and pays Winnetka Park District taxes. Non-residents pay an additional non-resident fee per program. Non-residents fees are the second fee shown in program descriptions.

Photo/Video Policy

Photos and video footage are periodically taken of participants in a class, during a special event or at the District's parks and facilities. Please be aware that, by signing this waiver and release you are authorizing the Park District to use these photos and video footage for District advertising and promotion without your further permission and without any compensation to you. All photos/video are property of the Park District. Please call the Communications Office at (847) 501-2076 for more information.