



Mail, Drop Off or Fax to:
 West Chicago Park District
 157 W Washington St.
 West Chicago, IL 60185
 630-231-9474
 630.231-2352 fax
 Attn: Registration

Registration Form

1. Family Information

Please fill out completely for prompt processing

Head of Household	
Address	
City	Zip
Home Phone	Cell Phone
Have you recently changed your home phone?	Email

2. Program Information

Code	Program	Day	Participant	Date of Birth	Gender	Age	Fee

3. Payment

Check
 Make check payable to
 West Chicago Park District

Credit Card: Visa Master Card American Express

Card Number _____ Exp. Date _____
 Cardholders Name _____
 Signature _____

4. Sign Waiver

Waiver and release of all Claims and Emergency Treatment Permission

Please read this form carefully and be aware in signing this form and participating in the programs listed above that you will be waiving and releasing all claims for injuries you and your children might sustain arising out of these programs.

- As a participant in these West Chicago Park District programs, I recognize and acknowledge that there are certain risks of physical and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs.
- I agree to waive and relinquish all claims I may have as a result of participating in the programs against the West Chicago Park District and its officers, agents, servants, or employees.
- I do hereby fully release and discharge the West Chicago Park District and its officers, agent, servants, and employees from any and all claims from injuries, including, death, damages, and losses which I may or which may occur to me on an account of participation in these programs.
- I further agree to indemnify and hold harmless and defend the West Chicago Park District and its officers, agents, servants, or employees from all claims resulting from injuries, including, death, damages and losses sustained by me or arising out of, connected with, or in any way associated with the activities of these programs.
- In event of any emergency, I authorize the West Chicago Park District officials to secure from all licensed hospital, physician, and/or medical personnel, any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have fully read and understand the Registration policies, Waiver and Release of all Claims and Permission to Secure Treatment.

Signature _____ Date _____