



See refund policy on page 45.

Fax registration to 630.665.7912..

Please check the appropriate box:

- Park District Resident
- Nonresident
- Nonresident/District 200

Athletic Program Registration Form

Please print clearly.

Family Last Name _____ Parent's First Name _____ New address?

Street Address _____ Apt. _____ E-mail (required)* _____

City _____ Zip _____ Home Phone _____ Work Phone (Mr. Mrs. Ms.) _____

Cell Phone 1 _____ Emergency Phone _____

*Disclaimer: Your email address will allow us to supply you with information pertaining to Wheaton Park District events, programs, news and specials. We respect your privacy and do not sell or lend your personal information to any outside party. You may opt out at anytime.

	Activity# – Section	Program Name	Fee	Participant's Last & First Names	Gender	Age	Birthdate
1	—		\$				
2	—		\$				
3	—		\$				
4	—		\$				
TOTAL PAYMENT INCLUDED			\$				

If registrant requires any special accommodation or assistance for enjoyment of this program, please describe: _____

WAIVER AND RELEASE Please read this form carefully and be aware that in signing up for and participating in 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 may sustain as a result of said participation. I further agree to waive and relinquish all claims against the Wheaton Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "District"), which I or my minor child/ward may have (or that accrue to me or my child/ward) as a result of participating in these programs/activities. 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 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, and waiver and release of all claims. If registering via fax or online, your facsimile signature shall substitute for and have the same legal effect as an original form signature. Additional field trip waiver/release will also need to be signed.

PHOTO RELEASE The Wheaton Park District takes photographs or video of participants for promoting our programs, services, events, activities, and facilities in our brochures, website or agency social media, etc. By participating in or attending any Wheaton Park District activities the participant (or parent/guardian of a minor participant) agrees to the use and distribution of his or her image (or images of a minor child/ward) in photographs, video recordings, and any other electronic reproductions of such activities for any purpose without inspection, compensation, or any other consideration now and in the future.

Adult or Parent's Signature (18 years or older or Parent/Guardian) _____ Date _____

Payment Method/Credit Card Information

Method of Payment Enclosed: Cash (Do not send in mail) Check MasterCard Visa Credit Card #: _____ - _____ - _____ - _____

Cardholder Name _____ Expiration Date _____

Authorized Signature _____ Charge Amount \$ _____

Youth Athletic Program Information Form

Activity—Number _____ – _____ School child attends _____

Child's Last Name _____ First Name _____ Birthdate ____/____/____ Grade _____

Address (Street) (Specify town if not Wheaton) _____ Home Phone _____

Father's Name _____ Mother's Name _____

Age _____ Sex _____ Height _____ (required for basketball) Weight _____ T-shirt size _____

Did your child play last season? Yes No Does your child play on a travel soccer team? Yes No If yes, what team? _____

Does your child play on a travel basketball team? Yes No If yes, what team? _____

Are you interested in coaching your child's team? Yes No Assistant coaching? Yes No

Are you ASEP certified? _____ Your Name _____

Comments _____ E-mail _____