

Parent/Guardian Information

1) Father's Name: _____

Address: _____
House Number Street Town Zip

Work Phone #: (_____) _____

Cell Phone #: (_____) _____

Home Phone #: (_____) _____

2) Mother's Name: _____

Address: _____
House Number Street Town Zip

Work Phone #: (_____) _____

Cell Phone #: (_____) _____

Home Phone #: (_____) _____

Release and Consent

(Please circle yes or no)

- Can your child be released on his or her own? YES / NO
- My permission is granted for my child to participate in walking field trips. YES / NO
- My permission is granted for my child to participate in field trips with transportation. YES / NO

Persons Authorized to Pick Up Your Child

Please fill in the names and phone numbers of those individuals who are allowed to pick up your child, **including parent/guardian's name(s)**. Only those people listed will be able to pick up your child from Day Camp. If changes need to be made, please do so in person.

Thank you for your cooperation in making Day Camp a safe place for your child.

1) Name: _____

Relationship to Child: _____

Work #: (_____) _____

Cell #: (_____) _____

Home #: (_____) _____

2) Name: _____

Relationship to Child: _____

Work #: (_____) _____

Cell #: (_____) _____

Home #: (_____) _____

3) Name: _____

Relationship to Child: _____

Work #: (_____) _____

Cell #: (_____) _____

Home #: (_____) _____

4) Name: _____

Relationship to Child: _____

Work #: (_____) _____

Cell #: (_____) _____

Home #: (_____) _____

Westchester Park District Program Registration Form

Phone: (708) 865-8200
Website: www.wpdparks.org

Family Last Name _____
Address _____
City, Zip _____
Home Phone (_____) _____
Emergency Phone (_____) _____
Email Address _____

The Westchester Park District welcomes individuals with disabilities into programs. Please describe any accommodation needed for successful inclusion in the program(s):

Participant's First Name	Birth Date	Sex	Class Code	Program	Day	Time	Fee
Total:							

Method of Payment: Cash Check Visa MCard Discover
Credit Card No. _____
Expiration Date ____ - ____ - ____ Amount of Charge \$ _____
Authorized Signature _____

Fax to: 708.865.8242
* Include proof of residency for resident rate
* Complete credit card information section
Mail to: Westchester Park District
10201 Bond Street
Westchester, IL 60154-4359
* Include proof of residency for resident rate
* Send a check or complete credit info section

Waiver and Release of All Claims

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the program/programs listed above, you will be waiving and releasing all claims for injuries you and/or your child/ward might sustain arising out of the program(s) listed above.

I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s) listed above and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims I or my child/ward may have against the Park District and its officers, agents, servants and employees as a result of participation in any of the program(s) listed above. I hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or my child/ward in any of the programs listed above. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages and losses sustained by me or my child/ward, and arising out of, connected with, or in any way associated with the activities of any of the program(s).

Refund Policy

All refund requests must be made to the main office staff during regular office hours (Monday - Friday, 9:00 am to 4:30 pm).

- * When 10% or less of the program dates has passed, a full refund will be given upon request.
- * When 11% to 49% of the program dates have passed, refunds will be prorated on a per class charge with an additional \$3 administration fee.
- * When 50% of the program dates have passed, no refund will be issued.
- * Deductions will be taken to cover any prepaid program materials and non-refundable trip expenses; such as, entrance tickets, and/or prepaid meals.
- * The above mentioned refund policies DO NOT apply to fitness center memberships (only annual memberships include a 2-week money back guarantee), personal training, league fees, pool passes, day camp or contractual classes. Contractual classes are identified in the brochure by a flag symbol (F). Due to contractual agreements a refund can not be issued less than 7 days prior to the start date of a contractual program.
- * Any refund request for a program or service paid by check will require a 14 business day hold from the date of the check deposit before a refund check will be processed.
- * Call the main office at 708.865.8200 for Mayflower Tours refund policy.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER & RELEASE AND REFUND POLICY ACKNOWLEDGMENT.

Participant Signature

Date

Parent/Guardian Signature