

2022/2023 CLUB REGISTRATION FORM

(Program is offered for K thru 6th grade)

Child's First Name: _____ Last Name: _____ D.O.B. _____

Mother's First Name: _____ Last Name: _____ D.O.B. _____

(M) Work Phone: _____ Cell Phone: _____ Email: _____

Father's First Name: _____ Last Name: _____ D.O.B. _____

(F) Work Phone: _____ Cell Phone: _____ Email: _____

Family Address: _____ City: _____ Zip: _____

Grade (Fall 2022): _____ WGS/WMS: _____ RC/Matthews: _____ RC Transport to WGS: _____

Kinder Club: _____ (Must be registered for AM Kindergarten)

Please note any special needs including food allergies: _____

Please check the days you will need:

AM Club: Monday - Friday _____

PM Club: Monday - Friday _____

A \$50.00 registration fee is due at the time of registration. This fee is NON-REFUNDABLE and will be applied to your last month's bill as long as your child attends Club through June, 2023. Fees are divided by 9 equal payments and remain the same each month and fees .

Registration information

April 4 — April 8

Current 2021-2022 club participants/siblings that register for 5 days AM or PM or both AM/PM.

April 11 – April 15

General public may register for M-F AM or PM or both AM/PM.

Note: 7/8/2022 the parent handbook and emergency forms will be located on the website and will be e-mailed . Forms need to be completed by 8/5/2022

FOR OFFICE USE ONLY

- Payments are due on the first day of the each month with first payment being due on September 1st.
 - **All payments will be deducted electronically from a credit card or debit card.**
 - Any child **enrolling** before the 15th of the month will be charged for the full month.
 - Any child **dropping** before the 15th of the month will be charged for ½ the month.
 - Any child **enrolling** after the 15th of the month will be charged for ½ the month.
 - Any child **dropping** after the 15th of the month will be charged for the full month.
 - Once school has started changes are subject to a \$5 processing fee.
- Club staff is not permitted to accept any type of payment or registration information.**
- NO on-line registration**

Pricing subject to change

Deposit Paid: _____

	5	Kinder
AM 1st child	\$164	[REDACTED]
Add. child	\$148	[REDACTED]
PM 1st child	\$145	\$410
Add. child	\$131	\$369

Date: _____

Receipt Number: _____

Starting balance: _____

Start Date: _____

Teacher: _____

Staff Initials: _____

CC # _____

Last four digits of automatic cc

**WAUCONDA PARK DISTRICT – WAIVER FORM
IMPORTANT INFORMATION**

WAIVER

The Wauconda Park District is committed to conducting its recreation programs 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. You are solely responsible for determining if you or your minor child/ward are physically fit and/or 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

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/program. Understandably, not all hazards and dangers can be foreseen. Participants must understand that certain risks, dangers and injuries due to acts of god, inclement weather, slipping, falling, equipment failure, failure in supervision, premises defects, and all other circumstances inherent to recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Wauconda Park District to guarantee absolute safety.

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 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, 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 participating in this program/activity against the Wauconda Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "Wauconda Park District"). I do hereby fully release and forever discharge the Wauconda 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 child/ward and arising out of, connected with, or in any way associated with this program or activity.

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 a minor participant, I further attest that I have read the above to my minor child/ward.

PRINT PARTICIPANTS NAME

SIGNATURE OF PARTICIPANT/PARENT/GUARDIAN

DATE

Automatic Credit Card Form

2022/2023 school year

The Park District offers an automatic credit card payment option for Club and Kinderclub fees. Your credit card will be billed automatically on the 1st of each month for Club. When payment is completed you will receive a confirmation email.

Family Name _____	Child's Full Name	Amount owed
	1 st Child _____	\$ _____
	2 nd Child _____	\$ _____
	3 rd Child _____	\$ _____

Office use

Payer's Full Name _____ DOB _____
Parent responsible for paying

Total Payment Amount _____

Credit Card Information

Visa _____ Master Card _____ Discover _____

Credit Card Number _____ - _____ - _____ - _____ CVC _____

Expiration Date _____

Cardholders Name **(Please Print)** _____

Address _____ Zip _____

Authorized Signature _____

Date _____

Note: If you filled out this form for Club 2021/2022 or Camp 2022, A new form is required to be completed for Club 2022/2023 school year.

For Office Use Only:

Date Received: _____ Staff Initials: _____