

SUMMER 2021 REGISTRATION FORM

Home Phone _____ Cell Phone _____

Head of Household _____

Street Address _____

City _____ Zip _____

E-Mail Address _____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

If you or a family member require special assistance in enjoying any of our programs, please check the box at the left. Please explain the situation and we will do our best to accommodate your requests.

Register by Mail:
Westmont Park District
75 East Richmond Street
Westmont, IL 60559

Register by Phone:
(630) 963-5252

Register Online:
westmontparks.org

Make checks payable to:
Westmont Park District

Questions? Call:
(630) 963-5252

WESTMONT PARK DISTRICT WAIVER/RELEASE OF ALL CLAIMS & EMERGENCY TREATMENT PERMISSION

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

RELEASE: As a participant in this Westmont Park District program, I recognize and acknowledge that there are certain risks of injury and I waive and relinquish all claims I or my children may have as a result of participating in this program against the Westmont Park District and its officers, agents, servants and employees. I further agree to indemnify, hold harmless and defend the Westmont Park District and its officers, agents, servants and employees from any and all claims sustained or caused by myself or my children arising out of, connected with, or in any way associated with the activities of this program. I give my child permission to participate in this program, and on the child's behalf as parent and/or legal guardian I hereby waive, release and forever discharge any and all claims against the Westmont Park District or its commissioners, employees or volunteers for damages and/or injuries which may arise from my child's participation in the program. Furthermore, I grant permission to transport my child anywhere on District property for conduct of the program for which my child is being registered.

EMERGENCY TREATMENT PERMISSION: I understand that a minor may not be treated, even in an emergency situation, except when, in the opinion of the attending physician, life is in the balance. Consent of a parent or legal guardian is necessary for unmarried minors under 18. Written consent is required for all other treatment. Accordingly, as a parent and/or legal guardian, I do herewith authorize the treatment of the minor enrolling in this program in the event of a medical emergency.

ACKNOWLEDGMENT: I have read and fully understand Registration Policies, the "Release and Hold Harmless Agreement", and the "Emergency Treatment Permission." This release and medical authorization form is complete and signed of my own free will even though I understand it is a requirement for participation in this program.

PHOTO POLICY: On occasion, the Park District staff may take photographs or video of participants in our programs or events or of people in our parks. I do hereby grant permission for my/our participant's photograph and/or video to be used in promotional materials related to the Westmont Park District. Promotional materials include, but are not limited to WPD brochures and advertising, WPD website, social media outlets, email newsletter, in house publications.



I request that the Westmont Park District NOT use this participant's name and photograph for publicity purposes.

By signing this form I understand that trips, preschool, summer camps, and adult athletic deposits are non-refundable. I have read and understand all program restrictions. There will be a \$20 service fee for all returned checks.

Participant/Parent/Legal Guardian _____ Date _____

Participant/Parent/Legal Guardian _____ Date _____

(This waiver must be signed by adults 18 years old and over.)

CODE NUMBER	PROGRAM TITLE	REGISTRANT'S FIRST/LAST NAME	REGISTRANT'S BIRTHDATE/GRADE	PROGRAM FEE
TOTAL				

Account Number - must complete when using Credit Card

Cardholder Name _____

Charge Amount _____ Exp. Date _____

Authorized Signature _____

Must have signature to be processed



(please circle one)

FOR OFFICE USE ONLY: Date _____ Cashier _____ Cash _____ Check # _____