



# PROGRAM REGISTRATION FORM

33325 N. Sears Blvd.  
 Wildwood, IL 60030  
 Office: 847.223.7275  
 Fax: 847.223.2820

Please complete this form and email to [info@wildwoodparkdistrict.com](mailto:info@wildwoodparkdistrict.com),  
 fax to 847.223.2820, or drop off at Park District front desk

Primary Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_  
 City/Zip: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Residency:  WPD Resident  Non-Resident  
 Do you have any special needs or require any accommodations? \_\_\_\_\_

Program #	Program Name	Participant First Name	Participant Last Name	Gender	Date of Birth	Cost

Total Paid \$ \_\_\_\_\_

Method of Payment

Check # \_\_\_\_\_  Cash  Credit Card (Visa, MasterCard, Discover)

Name on Card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Waiver, Release of all Claims and Hold Harmless Agreement:** As a participant, I acknowledge that there are certain risks of physical injury 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 program. I assume full responsibility to inform park district staff of any physical/medical condition that may affect participation. I agree to waive and relinquish any and all claims I may have against the Wildwood Park District and its officers, agents, servants and employees as a result of participating in the program. I do hereby fully release and discharge the Wildwood Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage or loss which I may have as a result of my participation in any Wildwood Park District program. I further agree to indemnify, hold harmless and defend the Wildwood Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by anyone, and arising out of, connected with, or in any way associated with my conduct and the activities of these programs. I have read and fully understand this Waiver, Release and Hold Harmless Agreement and release all claims.

Participant Signature (If under 18 years old Parent/Guardian Signature) \_\_\_\_\_ Date \_\_\_\_\_