

# Woodridge Park District Sea Lions Swim Team Registration Form

Woodridge Park District Community Center

2600 Center Drive, Woodridge, IL 60517 Ph: 630-353-3300 Fax: 630-353-3320



Please check status:  Resident  Nonresident

Head of Household (please print): Please check if new address:

Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please list the email you will be using for team contact.

Emergency Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Program #	Program Name	Fee	Registrant's Full name	Birthdate	Age (As of June 1)
5245	8 & U Female				
5246	9 - 10 Female				
5242	11 - 12 Female				
5243	13 - 14 Female				
5244	15 - 18 Female				
5240	8 & U Male				
5241	9 - 10 Male				
5237	11 - 12 Male				
5238	13 - 14 Male				
5239	15 - 18 Male				

**WARNING OF RISK**

Swimming is intended to challenge and engage the physical, mental, and emotional resources of each participant. However despite careful and proper preparation, instruction, medical advice, and conditioning equipment, there is still a risk of serious injury, including drowning. Understandably, not all hazards and dangers can be foreseen. The very nature of swimming is hazardous and risky, including but not limited to fatigue and overexertion, poor swimming skills, failing to avoid dangerous areas, horseplay, diving or cannon-balling into shallow water and striking the bottom or side of the pool, inadequate supervision or instruction, lack of conditioning, becoming disoriented, striking other swimmers, defective or inadequate equipment, striking one's head on the bottom when using a diving block, slip and falls on the deck or within the locker facility, chemical exposure and all other circumstances inherent to the sport of swimming. In this regard, it must be recognized that it is impossible for the Woodridge 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 and vehicle operations, 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 said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in their program/activity against the Woodridge Park District, including its officials, agents, volunteers and employees.

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 on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Participant's Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

(Signature of parent, guardian or adult participant)

**Permission to Photograph & Videotape Participants is Authorized by Your Signature on This Waiver.** By signing this waiver, I understand that my child/ward or I may be photographed or videotaped at any Woodridge Park District Program, event or facility. I give permission for photographs and videotapes of my child/ward or me to be used to promote the Park District. Such photographs and videotapes will remain the property of the Park District. Please tell the instructor and photographer if you do not want to be photographed.

The Woodridge Park District strives to comply with the 1990 Americans With Disabilities Act (ADA). Please indicate if you or any member or your family needs special assistance or accommodations to participate in the programs listed on this form: Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>PARTICIPATION WILL BE DENIED</b> if the signature of adult participant or parent/guardian and date are not on the waiver.
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*This section must be filled out if you are using:*

Visa  Mastercard

ACCOUNT # \_\_\_\_\_

Cardholder Name \_\_\_\_\_ AUTHORIZED SIGNATURE \_\_\_\_\_

Exp. Date \_\_\_\_\_ Amount of Charge \_\_\_\_\_ X \_\_\_\_\_

"I authorize the Woodridge Park District to charge my VISA/MASTERCARD for program registration fees: