

# Program Registration Form



PRIMARY GUARDIAN'S LAST NAME	FIRST NAME		
ADDRESS	CITY	STATE	ZIP
( ) ( )	( ) ( )	( ) ( )	
HOME PHONE	WORK PHONE	CELL PHONE	
E-MAIL ADDRESS		EMERGENCY CONTACT NAME/PHONE	

- Check here to receive emails from the Washington Park District. The emails will include interesting articles and information about programs, events and classes at the Park District. Your email address is for Park District use only and will not be shared or sold.
- Check here for Special Accommodations if needed. See "Statement of Accessibility" on the reverse side of registration form. Please include a description of the type of special accommodation needed for successful inclusion so we are better able to serve you.

I have read and fully understand the policies and the Washington Park District Waiver and Release on the reverse side of this registration form. I understand my signature, or my primary guardian's signature if I'm under 18, is required to take part in Washington Park District programs.

SIGNATURE	DATE
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REGISTRATION INFORMATION							
Participant's Name (First, Last)	Age	Grade	Birth Date	Sex	Code	Program Name	Fee

Total Amount Due: \$ \_\_\_\_\_

- Cash  
  Check # \_\_\_\_\_  
  Discover  
  MasterCard  
  Visa

**To submit Program Registration Form:**

- On-line registration is available at:  
[www.washingtonparkdistrict.com](http://www.washingtonparkdistrict.com)
- Mail or Drop off in person:  
**Washington Park District**  
**105 S. Spruce St**  
**Washington IL 61571**
- The Tumbling, REACH and Summer Day Camp Program also require additional information and forms to be completed. Please inquire with staff for a Registration Packet. A separate form is required for Washington Park Pool passes.

**Athletics/Camps T-Shirts (If Applicable)**  
 Select programs receive participation shirts. If so, please circle the appropriate shirt size below.

1	YS(6-8)	YM(10-12)	YL(14-16)	AS	AM	AL	AXL
2	YS(6-8)	YM(10-12)	YL(14-16)	AS	AM	AL	AXL
3	YS(6-8)	YM(10-12)	YL(14-16)	AS	AM	AL	AXL

**Coaches/Volunteers**  
 Select programs require volunteers/coaches. Please indicate your interest in assisting us with the above programs by giving us the following information:

Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

*I understand and acknowledge that the enrollment of Minor and his participation in Activity is wholly voluntary and that there are physical risks and hazards connected with participation, including, but not limited to the risk of communicable disease such as COVID-19. I understand, acknowledge, and agree that Washington Park District is not responsible for and does not assume the costs of any medical testing, care, or treatment associated with the Minor's participation in the Activity, including, but not limited to, any medical testing, care, and treatment of the Minor or anyone with whom the Minor may have contact during or after the Minor's participation in the Activity.*

*I agree, on my own behalf, on behalf of Minor, and on behalf of others acting on my behalf to comply with all Washington Park District rules and regulations regarding Minor's participation in the Activity, including all rules and regulation that pertain to COVID-19. I understand and agree that noncompliance with any such rules and regulations by myself, Minor, or anyone acting on my behalf may result in termination of Minor's participation in the Activity. I further understand and agree that if Minor or anyone Minor has had direct recent contact with exhibits symptoms of COVID-19, as set out by the U.S. Centers for Disease Control, on the day of or within 14 days prior to the Activity, Minor will not participate in the Activity. I understand and agree that if Minor exhibits symptoms of COVID-19, as set out by the U.S. Centers for Disease Control, during the Activity, Minor will be required to leave the Activity immediately and notification must be given to Washington Park District. I understand and agree that any registration, activity, or program fees will not be returned if Minor's participation in the Activity is terminated under either of these circumstances. I understand and agree that if Minor or anyone Minor has had direct contact with exhibits symptoms of COVID-19, as set out by the U.S. Centers for Disease Control, within 14 days after the Activity, I will immediately provide notice of the same to Washington Park District.*

## **Washington Park District Waiver and Release**

I understand and agree, by participating in programs, services, activities, facilities and events provided by the Washington Park District that such activities have certain inherent risks that could result in serious, life limiting, and/or life threatening injuries.

I further agree to release Washington Park District, its' elected officials, employees, independent contractors or volunteers from all claims resulting from any and all injuries sustained while participating in any programs, services, activities, facilities and events, except that arising out of the sole negligence of the Washington Park District, its' elected officials, employees, independent contractors or volunteers.

## **Photo & Video Policy**

Photos and video are periodically taken of participants in a class, during a special event or at Washington Park District parks and facilities. Please be aware these photos and video footage are for the Washington Park District's use only and may be used in the District's marketing & advertising efforts including, but not limited to, any publications, articles and the website. All photos are the property of the Washington Park District. Please contact the Washington Park District at 309.444.9413 or [info@washingtonparkdistrict.com](mailto:info@washingtonparkdistrict.com) for more information.

## **Statement of Accessibility**

The Washington Park District encourages participation by everyone. If you or a family member have special needs and would like to participate in a program or use a facility, we will be happy to make reasonable accommodations to meet your needs. Please indicate on the registration form if any accommodations are needed for successful inclusion into a program or service in accordance with the American with Disabilities Act.

## **Code of Conduct**

All users of facilities are expected to exhibit appropriate behavior at all times while participating, spectating or attending any program, event, service and/or facility provided by the Washington Park District. This includes programs, events, services or facilities that may or may not require an admission fee, spectating at athletic events, concerts or attending special events. The following guidelines are designed to provide safe and enjoyable facilities for all users. Users shall:

- Show respect to all users and facility staff/supervisors.
- Take direction from facility staff/supervisors.
- Refrain from using abusive or foul language.
- Refrain from causing bodily harm to self, other users or facility staff/supervisors.
- Refrain from damaging equipment, supplies and facilities.

A written or verbal warning shall be given to users/spectators if the Code of Conduct rules have been violated. If there is a second occurrence, users/spectators shall be withdrawn from the facility without a refund.

**Important:** All Washington Park District property and facilities are alcohol, tobacco and drug free areas; any observed use or possession of these prohibited items will result in immediate removal from the Washington Park District property. In addition, if applicable the incident will be reported to police.

## **Possible Changes in Listings**

Washington Park District reserves the right to cancel, combine or divide classes; to change time, date or location of classes; to change instructor assignments; and to make any other changes deemed necessary. We apologize in advance for any inconvenience this may cause.

## **NSF Checks and Auto-Debit/**

A \$25 service charge will be assessed for all checks returned due to insufficient funds.

## **Refund Policy**

All requests for refunds must be submitted in person or in writing two business days prior to the first class meeting or practice of program. Furthermore, Trips, REACH and Day Camp have their own refund policies. Please see staff for details on these refund policy exceptions.

Individuals requesting refunds with two or more business days notice prior to the first class, meeting or practice will receive a 100% refund less \$10 for administrative costs.

No refunds will be issued for any programs after the first meeting of a program, unless a physician's note is presented. Refunds requested for medical reasons will be prorated from the time the request is received.

A refund will not be given for programs that cost less than \$15. The amount will be applied to another class or an account credit will be given for future use.