

WDSRA 2024 REGISTRATION FORM

Register online at www.wdsra.com
Mail: WDSRA, 116 N Schmale Rd., Carol Stream, IL 60188
Email: registration@wdsra.com
Phone: 630-681-0962

Are you a new participant with WDSRA?
☐ Yes ☐ No

First Name: _____ Last Name: _____ Age: _____ Birthdate: _____ Gender: _____

Address: _____ City: _____ Zip Code: _____

Billing Address (if different than above): _____

Primary Phone: _____ Mom Cell: _____ Dad Cell: _____

Parent/Guardian Name(s): _____ Disability: _____

Primary Email: _____ Park District: _____

Emergency Contact: _____ Emergency Phone: _____ T-shirt Size: _____

Please check if any above information has changed ☐

First Name	Program Name	Program Code	Pickup/Drop Off Location	Fee
				\$
				\$
				\$
				\$
				\$
				\$
			TOTAL	\$

YOU MUST SIGN AND DATE THIS FORM FOR YOUR REGISTRATION TO BE PROCESSED

Printed Name of Person Signing Form

Signature of participant (or parent/guardian if under 18)

Date

I have read and fully understand the information on the reverse of this form, 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 reverse to my minor child/ward.

Cardholder Name	Account Number	Exp Date	3 digit	Amount

Western DuPage Special Recreation Association Important Information

The Western DuPage Special Recreation Association (WDSRA) is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. WDSRA 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 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 activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way, or 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, premise defect, and all other circumstances inherent to recreational activities/programs exist. In this regard, it must be recognized that it is impossible for WDSRA to guarantee absolute safety.

Waiver and Release of All Claims and Assumption of Risk

Please read this form carefully and be aware that in the signing 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 may have (or accrue to me or my child/ward) as a result of participating in this program/activity against WDSRA, including officials, agents, volunteers and employees (hereinafter collectively referred as WDSRA).

I do hereby fully release and forever discharge WDSRA 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 minor child/ward and arising out of, connected with, in any way associated with this program/activity.

In the event of an emergency, I understand and authorize WDSRA staff and officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for immediate care for myself or minor/ward and agree that I will be responsible for payment of any and all medical services rendered.

Photo/Video Release

I hereby authorize and give my consent to WDSRA to photograph/video my child (or me) or to obtain outside photographs/video of my child (or me) participating in WDSRA activities/events/programs, and without limitation, to use such photographs/video in connection with promoting/advertising the services, programs, and facilities of WDSRA, without consideration of any kind.

You must sign and date the bottom of the reverse side of this form before your registration can be processed. Participation will be denied if the signature of adult participant or parent/guardian and date are not on the front of this waiver