



Children in Action (CIA)

Enrollment Schedule for 2018-2019

Child's Name _____

Parent/Guardian Name _____

Today's Date _____

Start Date _____

Please place a check mark under the name of the school your child attends:

SCHOOL	Field	Tarkington	Twain	Whitman

Please place a check mark in each box that applies to the schedule you are requesting for your child:

SCHEDULE	Monday	Tuesday	Wednesday	Thursday	Friday
AM (7:00-9:00 am)					
PM (3:30-6:00pm)					

For more information, call 847-465-3333.

By signing this form, I confirm that my child is enrolled on a regular basis in the Children In Action program according to the schedule specified above. I understand that I am responsible for the monthly installment payments based on the days and times specified in this document. **Note:** Credit is not issued for illness, vacation, or participation in other after-school activities (Scouts, intramurals, etc.) during these times. In addition, I understand that any changes to this schedule must be submitted to the CRC Guest Service Desk in writing on the appropriate Schedule Change Form and the appropriate fees will be billed. **I understand that three schedule changes are allowed per semester. Schedule changes beyond the three allowed will result in a \$7 service charge per change.** Failure to comply or make payments will result in termination from the program.

Parent/Guardian Signature

Date



REGISTRATION

.....Waiver & Release of all Claims

THIS WAIVER MUST BE SIGNED TO REGISTER IN A WHEELING PARK DISTRICT PROGRAM

IMPORTANT INFORMATION

The Wheeling Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Wheeling Park District 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 registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. 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. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for the Wheeling 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 this program/activity against the Wheeling 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 (PLEASE PRINT)

DATE

PARTICIPANT'S SIGNATURE (18 YEARS OR OLDER OR PARENT/GUARDIAN)

PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.

