

Participant's Name: _____ Age: _____ Grade: _____ T-shirt size if applicable: YS YM YL AS AM AL AXL

****Please be sure of the shirt size, additional t-shirts or replacement t-shirts will be at the participant's expense.***

Parent's/Guardian's Name: _____ Street Address: _____

City: _____

Zip: _____ Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____

Email Address: _____ Program: _____

Would you be willing to coach a team or assist with a program? _____ Amount Enclosed: _____

Emergency Contact: _____ Emergency Phone Number: _____

Medical Conditions: _____ Allergies: _____

The Watseka Park District takes photos which may or may not be published in the newspaper or in other park district publications. By signing below, you authorize your consent to have the participant photographed and agree that the photograph may be published. The Watseka Park District and its affiliates will not be held responsible for any injury or accident which occurs during the participant's engagement in the above activity. As the parent/guardian, I realize that I am responsible for my child's behavior during this activity.

Participant's Signature (if over 18): _____ Date: _____

Parent's/Guardian's Signature: _____ Date: _____

Please be sure to fill in the entire registration form. It will help us process your registration faster. Any questions contact the park district at 815-432-3931.