

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The Watseka Park District takes photos which may or may not be published in the newspaper or in other park district publications.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/ my behavior during this activity.

Participant's Signature (if over 18): \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Witseka Park District**  
110 South Third Street  
Witseka, IL 60970  
Phone: 815-432-3991  
Fax: 815-432-2762  
Email: watsekaparks@att.net Website: www.witsekaparks.org