



September 2021

PAYMENT PLAN: HOW TO ENROLL YOUR PLAYERS

Fill out one form for each family and use additional forms as necessary. Front Desk staff cannot process payment plan forms.

- Select the age group your player(s) will participate in for the 2021 season and fill out the information on the attached form (code, participant's name, etc.).
- Fill out the Credit Card Payment section and please print the name of the credit card holder beneath the signature line. Please note you cannot pay by check for the split payment option.
- Sign and date the form and return it in an envelope to **RecPlex ONLY**. Please put **"Attention Brad Wessel"** on the envelope.
- Your first payment of \$250 per player will be processed upon approval of Brad Wessel (Athletics Coordinator).
- Your second payment of \$250 per player will be processed February 1, 2022.

ALL FORMS MUST BE TURNED INTO RECPLEX BY Friday, October 15, 2021.

Questions regarding the payment plan can be directed to Brad Wessel at 847-640-1000 ext 212 or bwessel@mppd.org.

Thank You



Mt Prospect Park District 2022 Patriots Baseball Payment Plan

Family's Last Name: _____

Address: _____ City: _____ Zip: _____

Phone #: _____ Email: _____

TEAM AGE GROUP	CODE #	PLAYER'S NAME(S)
9U	42978	
10U	42979	
11U	42980	
12U	42981	
13U	42982	
14U	42983	

Payment Plan: \$250.00 (per player) due at registration and 1 additional payment of \$250.00 on **February 1, 2022**.

Payment Method: (circle one) Visa MasterCard Discover

Card # _____ Exp. Date _____

Name on Card: _____

Cardholder Signature: _____

[] *I agree to have my credit card automatically charged on Feb 1st.*

Mt. Prospect Park District Waiver & Release

I hereby agree to abide by all Mt. Prospect Park District rules and regulations as they pertain to the Park District facilities or services, and any resulting consequences for failing to abide by them. By their very nature, many Park District programs involve body contact, substantial physical exertion, emotional stress and/or use of equipment, which represents a certain risk of users. It is recommended that you check with your physician prior to participating in these activities. The Park District does not provide insurance protection for participants in Park District activities. Registration in any Park District program or purchase of any Park District facility use pass or admission assumes full responsibility on the part of the registrant for any risk, implicit or direct, by participation in said activity or facility. Further, the registrant agrees to the following:

1. I fully recognize the risks of injury or illness inherent in this program and represent to the Park District that I offer my authority for me or for my child to participate.
2. I hereby release and discharge the Mt. Prospect Park District and its officers, directors, employees and volunteers from any and all claims, actions or causes of judgements whatsoever including attorney's fees and costs, which might arise from said participation.
3. I hereby execute this release and acknowledge that such participation is at my own risk.
4. I hereby grant emergency treatment for myself or child if I cannot be reached.

Participant's Name (please print)

Participant's Signature/Legal Guardian Signature (If participant under 18 yrs.)

Date: _____