



**West Suburban Special Recreation Association**

2915 Maple Street, Franklin Park IL 60131

847.455.2100 FAX 847.455.2157



**Lekotek**

## Lekotek Registration Form

Participant's Name:		Birthdate:	
Parent or Guardian's Name(s):			
Address:	City:	Zip:	Park District:
Phone Number:		E-mail Address:	
Participant's disability:		Does participant use a wheelchair or walker?	
Participant's grade in school: (if applicable):		School:	

**Lekotek Fee: \$150 (9 visits)**

**Scholarship Requested? Yes \_\_\_\_\_ No \_\_\_\_\_**

**No play sessions between June 15th- Labor Day**

Photos and videos are periodically taken of people participating in WSSRA and Inclusive Partner District programs and activities. All persons registering for WSSRA and Partner Inclusion programs/activities thereby agrees that any photograph or videotape taken by the WSSRA may be used by WSSRA for promotional purposes including its electronic media, videotapes, brochures, flyers and other publications without additional, prior notice or permission and without compensation to the participant, rights to royalties or any other consideration now and in the future.

I agree to pay for any toys or toy parts which are lost or damaged while in my care.

Signature of  
Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_