

How to Register

NEW PARTICIPANTS (IN-PERSON)

FIRST-TIME Wellington Recreation participants must register in person at the Village Park Gymnasium or Wellington Community Center, creating a “Household” that includes all family members. Proof of age in the form of a birth certificate is required for household members ages 18 and under.

Registration forms must be filled out accurately and completely, and will only be accepted from parents/guardians with legal responsibility for youth participants.

Registrations accepted after the deadline depend upon the space available and instructor policies.

Wellington does not offer prorated fees for late registrations or partial participation.

Upon registering, you will be assigned a recreation “Household Number” that will print on the top left of your receipt. This number will be set by default as your user name and password for future online registrations.

Visit page 35 for information on [Aquatics Program Registration](#).

ONLINE REGISTRATION

RETURNING recreation participants can register for most programs online at wellingtonfl.gov/Webtrac

Your initial User Name and Password are set by default to be your recreation “Household Number”, found at the top left of your registration receipt.

If you require assistance with viewing or registering for our activities online, call (561) 791-4005.



CUSTOMER SATISFACTION

Wellington is committed to customer satisfaction by offering high quality recreation programs at reasonable prices. If you are not satisfied with a program or are unable to participate, please contact us at (561) 791-4005.



CANCELLATIONS

Don't wait—register early!

When programs aren't meeting minimum enrollment numbers they run the risk of cancellation. Early registration helps us ensure accurate participant numbers when deciding if programs will run. In cases of cancellation, full refunds are issued.

FEES & PAYMENT

R=Resident Fees / NR=Non-Resident

Residents are those persons residing within the Village of Wellington. Proof of residency is required in the form of a license or utility bill. Payment must be made in FULL at the time of registration.

Payment Methods



Acceptable methods for payment include cash, credit card (Visa, Mastercard, American Express and Discover), or checks made payable to “Village of Wellington”.

Returned Checks

A service fee of \$25.00 is charged for all checks returned.

REFUNDS

To receive a refund, a Refund Request Form must be completed and received by the Parks and Recreation Department prior to the start of the second class. Refunds requested due to injury or medical illness will require a doctor's note.

NO REFUNDS after the start of the second class.

- There is a \$10 administrative fee per participant, per program for refunds or transfers.
- Credits can be applied to households and used for future programs in cases of cancellation or refund request.
- Programs paid by cash or check receive a refund in the form of a check, mailed within four weeks after processing.
- Programs paid by credit card are refunded to the card within two weeks.

Sports Provider Refunds

Please refer to individual sports providers policies for information on refunds. *See page 18 for contact information.*



SPECIAL NEEDS ACCOMMODATIONS

In accordance with the Americans with Disabilities Act (ADA), any persons requiring special accommodations to participate in recreation programs shall, two weeks prior to the program start date, contact Wellington's Parks and Recreation Department at 11700 Pierson Road, Wellington, FL, 33414, or call us at (561) 791-4005.

MAIL & FAX REGISTRATIONS

Register for programs by mail or fax! Fax completed forms to (561) 791-4009 or mail to Wellington Parks and Recreation, 11700 Pierson Road, Wellington, FL. 33414.

PROGRAM NAME	PROGRAM CODE #	START DATE	TIME	COST

INSURANCE: The Wellington Parks and Recreation Department does not carry medical or accident insurance for program participants. I/We understand that participation can involve many RISKS and INJURIES, including, but not limited to, death, serious neck and spinal injuries and other serious injuries or impairment to the body. I/We understand that I/We are responsible for any medical bills resulting from participation in Wellington's Parks and Recreation Department contact sport and/or recreation programs. I/We understand that insurance is the patient/parent/legal guardian's responsibility. _____ **Initials**

PARTICIPANT INFORMATION

Participant: _____ MALE Date of Birth: _____
 FIRST NAME LAST NAME MM / DD / YYYY
 FEMALE

SPECIAL NEEDS, ALLERGIES, & IMPORTANT MEDICAL INFORMATION: _____

Has this child/adult participated in **this** sport/program before? Yes No If yes, how many years: _____

Has this child played on a travel team for **this** sport? Yes No If yes, how many years: _____

HOUSEHOLD INFORMATION

Parent/Adult Partic/: _____
 Legal Guardian FIRST NAME LAST NAME

Address: _____
 STREET

_____ CITY ZIP

IS THIS A NEW ADDRESS? YES NO

This is the: PRIMARY SECONDARY address of the **PARTICIPANT**.

Main Number: _____ Alt: _____
 HOME/CELL/WORK HOME/CELL/WORK

Email: _____

Parent/Adult Partic/: _____
 Legal Guardian FIRST NAME LAST NAME

Address: _____
 STREET

_____ CITY ZIP

IS THIS A NEW ADDRESS? YES NO

This is the: PRIMARY SECONDARY address of the **PARTICIPANT**.

Main Number: _____ Alt: _____
 HOME/CELL/WORK HOME/CELL/WORK

Email: _____

Emergency Contact: _____
 NAME RELATIONSHIP NUMBER

ATHLETIC PROGRAMS

I would like to be a: Head Coach* Assistant Coach Sponsor Volunteer
 * The total number of participants accepted is directly related to the number of volunteer coaches secured. No experience is necessary.

How did you hear about this program? Rec Guide Website Previous Participant Newspaper Flyer Friend/Relative

Transfer & Cancellation Refund Policy: A \$10.00 per participant/activity administrative fee will be deducted for each transfer/refund. If you are unable to participate you must notify the office before the second activity/class to receive your refund. No refunds are issued after the 2nd Class. No refunds are available once the activity/class is over. A documented medical emergency can be considered for a refund after an activity/class has ended.

Registration Fee _____ Check # _____ Cash Visa / MasterCard / AmEx / Discover Total Paid _____ Accepted By _____

FOR FAX REGISTRATION – Visa / Mastercard / AmEx / Discover _____ **Exp. Date** _____

I agree to pay the amounts listed as credit card charges according to credit card issuer agreement

X _____
 Printed name and Signature of card owner Date

NOTE: IF THE PARTICIPANT HAS A MEDICAL CONDITION, IT IS YOUR RESPONSIBILITY TO INFORM THE COACH/INSTRUCTOR. I/We understand that a true copy of the registrant's birth certificate shall be presented at the time of registration for verification of date of birth. I/We, as parents or guardians, agree to return all equipment issued or pay for the replacement thereof. I/We release from responsibility any person transporting the registrant to or from activities. I/We understand that participation can involve many RISKS and INJURIES, including, but not limited to, death, serious neck and spinal injuries and other serious injuries or impairment to the body. The Wellington Parks and Recreation Department does not carry medical or accident insurance for program participants. I/We understand that I/we are responsible for any medical bills resulting from participation in Wellington Parks and Recreation programs. I/We give consent for medical treatment at the nearest hospital, doctor or medical facility. I/We understand that insurance is the participant/parent/legal guardian's responsibility. In consideration of the permission granted by Wellington's Parks and Recreation to participate in these activities, I/we hereby release the Village of Wellington, its agents and employees, from all actions, causes of action, loss or damage, claims or demands of any kind and nature whatsoever which may arise by or in connection with participation or participation of my child/ward in activities related to Recreation Department Programs, which I, my heirs, estate, executors, administrators or assignees and for all members of my family, may have against Wellington Parks and Recreation and other above-described parties for all personal injuries known or unknown which I have incurred or may incur by participating in the program above. I/We give permission for Wellington Parks and Recreation to use the participant and photograph for publicity purposes. I/We, the undersigned, have read this release and understand all its terms. I/We execute it voluntarily and with full knowledge of its significance.

X _____
 Printed name and Signature of Parent(s), Adult Participant or Legal Guardian(s) Date