



PAYMENT FORM : HOW TO ENROLL YOUR PLAYERS

NEW PROCESS FOR 2025 SEASON

If you wish to **PAY IN FULL (by 8/30/24)**, please follow the instructions below:

1. Log in to your [MPPD Webstore](#) Account. If you don't have a Webstore account, please visit or call our front desk.
2. Search the correct Patriots code number below:

TEAM AGE GROUP	CODE #
9U	48616
10U	48617
11U	48618
12U	48619
13U	48620
14U	48621

3. Answer all Additional Questions in the registration.
4. Go to Cart and proceed to checkout. Check the "I agree the Terms & Conditions" check box and finalize purchase.

If you wish to **USE THE PAYMENT PLAN**, please follow the instructions below:

1. You must have a credit card on file in your household account. To add a credit card on file, you can login to your Webstore account to add a credit card on file OR visit any of our MPPD facilities to add a credit card with our front desk staff.
2. Please complete the attached form below and return back to Brad Wessel (either via email or drop off at the RecPlex) by **8/26/24**.
3. Payment plans will be processed by the MPPD Athletic Manager with the first payment (of \$425) due processed on **8/30/24**. The 2nd payment (\$425) will automatically be withdrawn on **1/15/25**. *If you need special arrangements with the payment plan, please contact Brad Wessel at 847-640-1000.*

Questions regarding the payment plan can be directed to Brad Wessel at 847-640-1000 (x212) or bwessel@mppd.org.

Mt Prospect Park District 2025 Patriots Baseball Payment Plan

Family's Last Name: _____

Address: _____ City: _____ Zip: _____

Phone #: _____ Email: _____

New or Returning Player from 2024? Circle One	TEAM AGE GROUP	CODE #	PLAYER'S NAME	Top 3 Choices for Jersey Numbers (#0 - #99)
New / Returning	9U	48616		
New / Returning	10U	48617		
New / Returning	11U	48618		
New / Returning	12U	48619		
New / Returning	13U	48620		
New / Returning	14U	48621		

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.

I agree to have my credit card automatically charged for initial deposit by 8/30/2024 and remaining balance on 1/15/2025.

Participant's Name (please print)

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

_____/_____/_____
Date