



# GENEVA PARK DISTRICT AGE REQUIREMENT WAIVER REQUEST

710 Western Avenue  
Geneva, IL 60134  
Phone: 630-232-4542  
Fax: 630-232-4569  
Email: info@genevaparks.com  
Website: www.genevaparks.org

Please complete the form below and submit with completed registration form for the requested class. The supervisor will approve admission or suggest an alternative program. Admission of any child who is not the appropriate age for a program is not guaranteed.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Phone Number \_\_\_\_\_

Program/Activity \_\_\_\_\_

Program/Activity Date(s) \_\_\_\_\_

I (we) as parent(s)/guardians(s) of the above-mentioned child are requesting that my (our) child be permitted to participate in the above program/facility.

I (we) fully understand that my (our) child is not within the age category suggested by the Geneva Park District for participation in the program/activity. I (we) request that the Geneva Park District waive its age requirement for the following reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian(s) Name \_\_\_\_\_  
*Print*

Parent/Guardian(s) Name \_\_\_\_\_  
*Print*

Parent/Guardian(s) \_\_\_\_\_ Date \_\_\_\_\_  
*Signature*

Parent/Guardian(s) \_\_\_\_\_ Date \_\_\_\_\_  
*Signature*

Office Use:

APPROVED NOT APPROVED Date \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for Disapproval \_\_\_\_\_

Notified of Disapproval: Date \_\_\_\_\_ Initials \_\_\_\_\_ Response \_\_\_\_\_