



Child's Name _____ Gender _____ Grade _____

Main Contact Name _____ Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

CCSD93 School:

Carol Stream Cloverdale Elsie Johnson Heritage Lakes Roy DeShane Western Trails

Register my child for the following attendance schedule:

	Daily Rates	Monday	Tuesday	Wednesday	Thursday	Friday
Before Care Monday-Friday 6:30-8:45 am	\$9.36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After Care Monday 2:15-6:30 pm	\$17.68	<input type="checkbox"/>				
After Care Tuesday-Friday 3:45-6:30 pm	\$11.44		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Start Date (MM/DD/YY) _____ *Registration is required a minimum of 72 business hours prior to start date.*

PAYMENT INFORMATION

NEW FOR 2021-2022: Fees vary by month based on the number of scheduled attendance days. Registration is available for full school year. For schedule changes, a change of enrollment fee is applied. For daily options, register with a flex pass. \$25 non-refundable early bird enrollment fee and payment for first month are due if registering by 7/30/2021. \$40 non-refundable enrollment fee and payment for first month are due if registering 7/31/2021 or after. All subsequent payments are automatically withdrawn on the first of the month, from September through May. Scheduled payment amounts and dates are listed on your receipt. Completion of an Automatic Payment Request Form is required with registration.

PROGRAM HOURS FOR 2021-2022

Before Care Monday-Friday: 6:30-8:45 am
 After Care Monday: 2:15-6:30 pm
 After Care Tuesday-Friday: 3:45-6:30 pm

ACTIVKIDS PROGRAM PARENT HANDBOOK/ACTIVTIME PERMISSION

I understand that I am required to abide by and support the standards and procedures outlined in the ActivKids Program Parent Handbook, available online at csparks.org/activkids, as related to my child's participation in the ActivKids Program. I also agree to review and explain all applicable standards and procedures to my child in order to reinforce my support of the standards and procedures outlined in the ActivKids Program Parent Handbook. I give permission for my child to participate in all ActivTime Activities during the program.

REGISTRATION WAIVER & RELEASE IMPORTANT INFORMATION

The Carol Stream Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Carol Stream Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the above listed programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment to consult a physician before undertaking any physical activity.

WARNING OF RISK

Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slip and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities exist. In this regard, it must be recognized that it is impossible for the Carol Stream Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in the programs listed above, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with these programs (including transportation services and vehicle operations, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, and I voluntarily agree to assume full risk of any and all injuries, damages or loss, regardless of severity, that my minor/child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs against the Carol Stream Park District, including its officials, agents, volunteers and employees. I have read and fully understand the above information, warning of risk, assumption of risk and waiver and release of all claims. If registering online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature. Participation will be denied if the signature of adult participant or parent/guardian and date are not on the waiver. I understand that my child may be photographed or videotaped while participating in the above program(s). I give permission for photos and videotape of my child/ward or me to be used to promote the Carol Stream Park District and such photos and video will be the property of the Carol Stream Park District.

Parent/Guardian Name (Print)	
Parent/Guardian Signature	Date MM/DD/YY

INTERNAL USE ONLY	
STAFF INITIAL _____	
DATE / /	TIME _____