

# Fall 2021 Registration

## Apple Picking and Farm Tour

Join us at Apple Holler in Sturtevant, WI. Enjoy a boxed turkey sandwich; warm apple pie and cinnamon ice cream. Learn about the orchard, tour the farm and pick apples to take home.

## Historic Naperville Trolley Tour

Take a trolley ride through historic Naperville. Lunch is on your own at The Lantern Tavern and Grill.

## Oktoberfest Luncheon

Enjoy a lunch of herb roasted chicken, potato salad, coleslaw and a bottle of root beer. Listen to live authentic German music in the spirit of Oktoberfest!

## Four Winds Casino

We travel to New Buffalo, MI, to play blackjack, craps, baccarat, roulette, poker, keno, and over 3,000 slots. Receive a \$10 credit towards lunch and \$15 for slots. Valid state ID required.

## Oktoberfest!

We go to Glendale, WI, to celebrate Oktoberfest! This festival at the Bavarian Bierhaus represents a true Oktoberfest with live music and great food outdoors. Lunch is on your own.

## Autumn on the River

A narrated trolley tour gives us insight on the history and legends of the area on the way to our river cruise aboard the Eagle I through Starved Rock State Park. Lunch included at the lodge.

## Night of 1,000 Jack-o-Lanterns

Over 1,000 hand-carved pumpkins are lit up at the Chicago Botanic Garden in Glencoe. Take self-guided walking tour along a festive, paved pathway. Dress for the weather. Dinner on your own at Portillo's.

## Halloween Luncheon

This Halloween event features an individually wrapped lunch of rigatoni and side salad. Take part in a pumpkin painting contest and trivia showdown for prizes! Wear your best costume!

## Hard Rock Casino

This new casino brings world-class gaming to Gary, IN, with over 1,800 table games and slot machines. Enjoy lunch on your own at one of their several restaurants. Valid state ID required.

## Mushrooms, Mosses, and Mums

The Domes in Milwaukee is filled with plants from across the globe. The fall showcase includes unique forest species alongside a fantastic mum collection. Lunch on your own at Culvers.

## Grand Victoria Casino

Play blackjack, craps, roulette, slots and more at the Grand Victoria Casino in Elgin. Receive \$10 in free cash play. Lunch on your own at casino. Valid state ID required.

## Conservatory Holiday Show

The Garfield Park Conservatory in Chicago celebrates the holidays with a colorfully inspired display of plants and flowers. Lunch on your own at Portillo's.

## Christmas Luncheon

Enjoy an individually wrapped lunch from Rocco Vino's with your choice of Steak Milanese or Stuffed Eggplant. Play a game of White Elephant! Gifts provided by the Park District.

## Classic Crooners

Travel to Starved Rock Lodge for a show of Christmas songs from Frank Sinatra, Elvis, Bing Crosby and Nat King Cole. A hot lunch buffet is included.

Check which trips you would like to attend, and check if you'd like to pay by automatic pay on the listed due date.

ATTENDING	DATE	PROGRAM NAME	CODE	R/NR FEE	DUE DATE	AUTOMATIC PAY	AMT. PAID
X	3/14	Example Trip	12345	\$50/\$56	3/1	X	\$30

Face coverings are required for both vaccinated and unvaccinated participants at all times while on the bus and may be necessary at some trip destinations. Note: you may be seated directly next to another participant on the bus and during activities.

	9/2	Apple Picking and Farm Tour	23210	\$84R/\$90NR	8/1		
	9/14	Historic Naperville Trolley Tour	23155	\$33R/\$39NR	8/15		
	9/22	Oktoberfest Luncheon - By 9/1	23179	\$15R/\$19NR	9/1		
	9/22	Oktoberfest Luncheon - After 9/1	23179	\$18R/\$22NR	9/13		
	9/24	Four Winds Casino	23236	\$24R/\$30NR	9/1		
	10/3	Oktoberfest!	23098	\$30R/\$36NR	9/15		
	10/12	Autumn on the River	23213	\$71R/\$77NR	9/15		
	10/20	Night of 1,000 Jack-o-Lanterns	23257	\$43R/\$49NR	AT REG		
	10/22	Halloween Luncheon - By 10/1	23182	\$15R/\$19NR	10/1		
	10/22	Halloween Luncheon - After 10/1	23182	\$18R/\$22NR	10/15		
	10/26	Hard Rock Casino	23212	\$15R/\$21NR	10/15		
	11/5	Mushrooms, Mosses, and Mums	23211	\$25R/\$31NR	10/1		
	11/9	Four Winds Casino	23237	\$24R/\$30NR	10/15		
	12/2	Grand Victoria Casino	23209	\$15R/\$21NR	11/15		
	12/8	Conservatory Holiday Show	23235	\$20R/\$26NR	11/15		
	12/10	Christmas Luncheon - By 11/15	23184	\$20R/\$24NR	11/15		
	12/10	Christmas Luncheon - After 11/15	23184	\$23R/\$27NR	12/1		
	12/14	Classic Crooners	23240	\$62R/\$68NR	12/1		

Waiver and Release must be signed for participant to be eligible for trip/event.

**RETURN BY EMAIL: INFO@CSPARKS.ORG**

**RETURN BY MAIL: CAROL STREAM PARK DISTRICT 849 W. LIES RD. CAROL STREAM, IL 60188**

# 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 registering for Forever Young trips, outings and activities must recognize that there is an inherent risk of injury arising out of this activity.

You are solely responsible for determining if you are physically fit and/or adequately 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

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/program. Understandably, not all hazards and dangers can be foreseen. Participants must understand that depending upon the particular activity, certain risks, dangers and injuries due to acts of God, inclement weather, slips and falls, inadequate or defective equipment, inadequate supervision or instruction, premises defects, carelessness, horseplay, vehicle accidents and all other circumstances inherent to recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Carol Stream Park District to guarantee absolute safety.

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Birth Date \_\_\_\_\_

Describe any physical or medical special needs in which an accommodation is required \_\_\_\_\_

## 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 this program/activity, 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 this program/activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the 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 this program/activity against the Carol Stream Park District, including its officials, agents, volunteers and employees.

**I have read and fully understand the above important 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.**

**EMERGENCY CONTACT**

Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Relation \_\_\_\_\_

**INTERNAL USE ONLY**

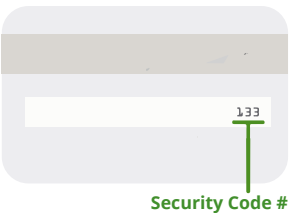
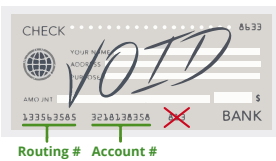
\_\_\_\_\_  
 STAFF INITIAL                      DATE

<b>Participant's Name (Print)</b>	
<b>Participant's Signature</b>	<b>Date MM/DD/YY</b>

**Enrollment For**

- ActivKids**
- Camp**
- Dance**
- Fitness**
- Forever Young**
- Preschool**
- Springers**
- Other**

Payments for the following programs are due throughout the duration of the program or membership contract. Review your program's specific payment guidelines for details.



Participant Name \_\_\_\_\_

 Organization Name *(if applicable)* \_\_\_\_\_

Cell Phone \_\_\_\_\_ Add'l Phone \_\_\_\_\_

**ECP Authorization** *(electronic check withdrawal from checking account)*

Account Holder's Name \_\_\_\_\_

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

**I hereby authorize the Carol Stream Park District to process my monthly program fees by way of electronic check payment.**
**Debit/Credit Card Payment Authorization**

- Debit Card
- Credit Card
- Business Card

*Business Card must include name of user or be accompanied by company letter of authorization that can be verified by phone.*

Card Holder's Name \_\_\_\_\_

 Card Number *(last 4 digits)* \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_

Security Code # \_\_\_\_\_

**I hereby authorize the Carol Stream Park District to process my monthly program fees by way of debit/credit card.**
**TERMS OF AUTOMATIC PAYMENT PLAN**

My payment amount is outlined in my program's payment structure, and may fluctuate if I change my program registration in any way. **The start and end dates of this scheduled payment will follow the terms outlined in my program's payment guidelines and will be processed based on the program's specific payment plan.** Declined payments will be reprocessed for up to 10 business days.

I agree to maintain sufficient funds in my bank account or credit card account to cover each payment. I understand that if I choose to cancel my payment, it must be requested in writing 5 days prior to my next payment and I must make alternate payment arrangements. Any EZ Payment that fails to process will be assessed a non-sufficient funds fee, and may result in the forfeiture of the EZ Payment option. CSPD reserves the right to change or revoke the payment plan, or an individual's participation in the payment plan or program, with or without notice.

**INTERNAL USE ONLY**

STAFF INITIAL \_\_\_\_\_

DATE    /    /

Payment Plan Updated

<b>Name (Print)</b>	
<b>Signature</b>	<b>Date MM/DD/YY</b>

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