

Name _____ Phone _____

Check which trips you would like to attend. If not paying in full at registration, check Auto Pay to be charged on the listed due date. Completion of Automatic Payment Request form required.

ATTENDING	DATE	PROGRAM NAME	TIME	CODE	FEE	DUE DATE	AUTO PAY	AMT. PAID
X	3/14	Example Trip	9:00 am - 4 pm	12345	\$50R/\$56NR	3/1	X	\$30
	8/18	Four Winds Caino	8:20am - 6:30 pm	24813	\$24R/\$30NR	At Reg.		
	8/21	Venetian Fest	1:30 -11:30 pm	24885	\$23R/\$29NR	At Reg.		
	8/24	Chicago Fireworks Cruise	5:30 pm - 12 am	24797	\$97R/\$103NR	At Reg.		
	8/28	Chicago Cubs @ Milwaukee Brewers	10 am - 6:15 pm	24769	\$47R/\$53NR	At Reg.		
	9/2	US Mailboat Tour	7:30 am - 4:30 pm	24795	\$90R/\$96NR	8/1		
	9/8	Chicago Cubs v. Cincinnati Reds	10:30 am - 6:15 pm	24783	\$35R/\$41NR	At Reg.		
	9/10	Revolutionary War Reenactment	9:30 am - 4:30 pm	25549	\$25R/\$31NR	9/1		
	9/14	Oktoberfest Luncheon	12-2 pm	25519	\$23R/\$27NR	9/5		
	9/16	Schaumburg Farmers Market	8 am - 12 pm	25550	\$12R/\$18NR	9/1		
	9/23	Four Winds Casino	8:20 am - 6:30 pm	25130	\$24R/\$30NR	9/1		
	9/25	Geneva French Market	8:30 am - 1:35 pm	25551	\$16R/\$22NR	9/15		
	10/12	Dreamgirls at the Paramount	11 am - 4:30 pm	25552	\$69R/\$75NR	9/1		
	10/15	Batavia Farmers Market	7:30 - 11:30 am	25554	\$12R/\$18NR	10/1		
	10/18	Blue Chip Casino	8:30 am - 6 pm	25132	\$20R/\$26NR	10/1		
	10/22	Wheaton French Market	7:45 am - 11:45 am	25555	\$12R/\$18NR	10/15		
	10/27	Autumn on the River	8:45 am - 6:15 pm	25135	\$73R/\$79NR	10/1		
	11/2	Down to the (Funny) Bone	9:15 am - 5 pm	25525	\$65R/\$71NR	9/15		
	11/10	Four Winds Casino	8:20 am - 6:30 pm	25131	\$24R/\$30NR	10/15		
	11/15	Fogo de Chao	11 am - 2:15 pm	25522	\$76R/\$82NR	10/15		
	11/28	Jingle Bell Rock	9:30 am-4:45 pm	25556	\$81R/\$87NR	11/15		
	12/3	Celebrate the Season Holiday Festival	12:45 pm - 5 pm	25557	\$20R/\$26NR	11/15		
	12/11	Naperville Holiday Lights Trolley	5 pm - 10 pm	25134	\$64R/\$70NR	11/1		
	12/16	Scrooge	9:15 am - 5 pm	25526	\$65R/\$71NR	11/1		
	12/20	Blue Chip Casino	8:30 am - 6 pm	25133	\$20R/\$26NR	12/1		
	12/21	The Sound of Music at the Paramount	11 am - 4:30 pm	25553	\$69R/\$75NR	11/15		

*Waiver and Release must be signed for participant to be eligible for trip/event. * Trips depart from the Simkus Recreation Center unless otherwise noted.*

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 _____

Participant's Name (Print)

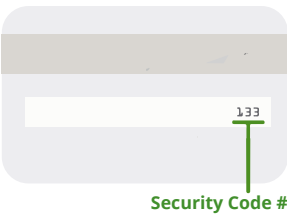
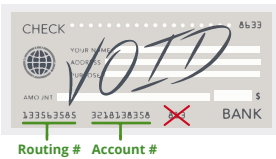
Participant's Signature

Date MM/DD/YY

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 # _____

Primary Debit/Credit Card Payment Authorization

Card Holder's Name _____

 Card Number *(last 4 digits)* _____

Expiration Date ____ / ____

Security Code # _____

Secondary Debit/Credit Card Payment Authorization

Card Holder's Name _____

 Card Number *(last 4 digits)* _____

Expiration Date ____ / ____

Security Code # _____

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 primary bank account or credit card account to cover each payment. I understand that if my primary bank account or credit card account fails to process, my secondary bank account or credit card account will automatically be charged. 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 Automatic Payment that fails to process will be assessed a non-sufficient funds fee, and may result in the forfeiture of the Automatic Payment option. Carol Stream Park District 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.

I hereby authorize the Carol Stream Park District to process my monthly program fees by way of electronic check payment or debit/credit card.

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

INTERNAL USE ONLY

STAFF INITIAL _____

DATE / /

Payment Plan Updated