



Child's Name _____ Gender _____ Birthdate _____

Main Contact Name _____ Phone _____ Email _____

Address _____ City _____ Zip _____

Register my child for the following:

		Before Care 6:45-9am	Days Off 9am-4pm	After Care 4-6:30pm
Nov 23	FVRC Pool & Gym	<input type="checkbox"/> 25217	<input type="checkbox"/> 25230	<input type="checkbox"/> 25243
Dec 19	Traveling World of Reptiles	<input type="checkbox"/> 25218	<input type="checkbox"/> 25231	<input type="checkbox"/> 25244
Dec 20	Gymnastics	<input type="checkbox"/> 25219	<input type="checkbox"/> 25232	<input type="checkbox"/> 25245
Dec 21	Fun Flatables	<input type="checkbox"/> 25220	<input type="checkbox"/> 25233	<input type="checkbox"/> 25246
Dec 22	Picture Show	<input type="checkbox"/> 25221	<input type="checkbox"/> 25234	<input type="checkbox"/> 25247
Dec 23	PJ/Movie Day	<input type="checkbox"/> 25222	<input type="checkbox"/> 25235	<input type="checkbox"/> 25248
Dec 26	Glow in the Dark Day	<input type="checkbox"/> 25223	<input type="checkbox"/> 25236	<input type="checkbox"/> 25249
Dec 27	Gary Kantor Magic	<input type="checkbox"/> 25224	<input type="checkbox"/> 25237	<input type="checkbox"/> 25250
Dec 28	Water Works	<input type="checkbox"/> 25225	<input type="checkbox"/> 25238	<input type="checkbox"/> 25251
Dec 29	Inflatable	<input type="checkbox"/> 25226	<input type="checkbox"/> 25239	<input type="checkbox"/> 25252
Dec 30	Winter Wonderland	<input type="checkbox"/> 25227	<input type="checkbox"/> 25240	<input type="checkbox"/> 25253
Jan 2	Sports Day	<input type="checkbox"/> 25620	<input type="checkbox"/> 25622	<input type="checkbox"/> 25624

2022 DAYS OFF CLUB RATES

	HOURS	IN ADVANCE	WITHIN 72 HOURS
BEFORE CARE	6:45-9AM	\$13R / \$15NR	
DAYS OFF CLUB	9AM-4PM	\$43R / \$48NR	\$48R / \$53NR
AFTER CARE	4-6:30PM	\$15R / \$17NR	



Child's Name _____ Gender _____ Birthdate _____

Main Contact Name _____ Phone _____ Email _____

Address _____ City _____ Zip _____

Register my child for the following:

		Before Care 6:45-9am	Days Off 9am-4pm	After Care 4-6:30pm
Jan 16	Kids Empire	<input type="checkbox"/> 26127	<input type="checkbox"/> 26137	<input type="checkbox"/> 26147
Feb 20	The Zone	<input type="checkbox"/> 26128	<input type="checkbox"/> 26138	<input type="checkbox"/> 26148
Mar 3	Princess/Superhero Day	<input type="checkbox"/> 26129	<input type="checkbox"/> 26139	<input type="checkbox"/> 26149
Mar 17	CSPD Gymnastics-Ninja	<input type="checkbox"/> 26130	<input type="checkbox"/> 26140	<input type="checkbox"/> 26150
Mar 27	Whim Studio	<input type="checkbox"/> 26131	<input type="checkbox"/> 26141	<input type="checkbox"/> 26151
Mar 28	Splash Central	<input type="checkbox"/> 26132	<input type="checkbox"/> 26142	<input type="checkbox"/> 26152
Mar 29	Fun Wizz	<input type="checkbox"/> 26133	<input type="checkbox"/> 26143	<input type="checkbox"/> 26153
Mar 30	Disney Day	<input type="checkbox"/> 26134	<input type="checkbox"/> 26144	<input type="checkbox"/> 26154
Mar 31	Backwards Day	<input type="checkbox"/> 26135	<input type="checkbox"/> 26145	<input type="checkbox"/> 26155
Apr 7	Camp Preview Day	<input type="checkbox"/> 26136	<input type="checkbox"/> 26146	<input type="checkbox"/> 26156

2023 DAYS OFF CLUB RATES

	HOURS	IN ADVANCE	WITHIN 72 HOURS
BEFORE CARE	6:45-9AM	\$13R / \$15NR	
DAYS OFF CLUB	9AM-4PM	\$45R / \$50NR	\$50R / \$55NR
AFTER CARE	4-6:30PM	\$15R / \$17NR	



Child's Name _____ Birthdate _____ Grade _____

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 on-line or via fax, my on-line 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.

PAYMENT INFORMATION

Payment is due at the time of registration.

I will review the parent handbook, posted at csparks.org, with my child and we agree to abide by all policies and procedures.

I have read and fully understand the warning of risk, waiver and release of all claims, and assumption of risk on the reverse side of this form. If registering online, my online signature shall substitute for and have the same legal effect as an original form signature.

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

INTERNAL USE ONLY	
STAFF INITIAL _____	
DATE / /	TIME _____



Participant Information

Indicate below any information you feel would benefit Carol Stream Park District staff. Lack of detailed information compromises the staff's ability to successfully accommodate your child. Carol Stream Park District is not responsible for any injuries, complications, damages or losses due to lack of information provided. Many resources and adaptations are available to assist your child; please keep us informed.

Child's Name _____ Birthdate _____

ONE PARTICIPANT PER FORM

Parent/Guardian Name _____ Cell Phone _____

Physician Name _____ Phone _____

Are immunizations up to date? Yes No _____

Allergies/Dietary Restrictions

Medical Concerns & Medications

If your child has medication that may need to be administered by Carol Stream Park District staff or medication that may be self-administered (including asthma inhalers), a Permission to Dispense Medication Form must be completed.

Behaviors, Fears & Miscellaneous

Yes, child has special needs or need one-on-one assistance.

If yes, provide details. Note that one-on-one aides must be requested at least two weeks in advance.

Swim Permission

Complete the following to help us ensure your child's safety while swimming. Children listed as Swimmer or Unsure will be swim tested. To pass the swim test, participants must swim 25 yards unassisted in the deepest part of a pool. While visiting offsite pools, we will follow standards set for swimmers and non-swimmers by the facility.

Non-Swimmer

My child is only approved to swim in the **shallow end of any pool up to a maximum depth of 3' 6"**

Swimmer

My child can swim in **all pool areas**

Unsure

I am unsure if my child is a Swimmer or Non-Swimmer. They are permitted to go into areas listed for Swimmers dependent upon swim test results.

Child Height _____ Feet _____ Inches

Some activities limit children based on their height.



Parents/Guardians with custody have authorization to pick up the participant. List siblings, parents without custody, relatives, or friends who are also authorized to pick-up your child. All individuals must present a photo ID in order for your child to be released into their custody. Only the custodial parent(s) may approve additions or changes to the Authorized Contact and Release List.

Child Information ONE PARTICIPANT PER FORM

Child Name	Birthdate	Age	M/F	School	Current Grade	Entering Grade

Parent/Guardian Name _____ Relationship _____

Email _____ Cell _____ Add'l Phone _____

Parent/Guardian Name _____ Relationship _____

Email _____ Cell _____ Add'l Phone _____

Do both parents have custody? Yes No

Address Street _____ City _____ State _____ Zip _____

Authorized Contacts

Minimum of one authorized person other than the child's parent/s must live within five miles of the program.

Name _____ Relation _____ Phone _____

NOT AUTHORIZED TO PICK UP

Name _____ Relation _____

Name _____ Relation _____

I authorize the Carol Stream Park District to release my child to the above listed persons in the event that I am unable to pick up my child myself. I release the Carol Stream Park District from any and all responsibility once my child has been released into the custody of these above individuals.

INTERNAL USE ONLY

STAFF INITIAL _____
DATE

Parent/Guardian Name (Print)

Parent/Guardian Signature **Date** MM/DD/YY
