



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 _____ 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 _____