

CAROL STREAM Park District Adult Trips & Events

Winter 2023 Registration

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	MEAL SELECTION	DUE DATE	AUTO PAY	AMT. PAID
X	3/14	Example Trip	9am-4pm	12345	\$50R/\$56NR	① 2 3	3/1	X	\$30
	11/28	Jingle Bell Rock	9:30am-4:45pm	25556	\$81R/\$87NR		At Reg.		
	12/3	Celebrate the Season Holiday Festival	12:45-5pm	25557	\$20R/\$26NR		At Reg.		
	12/11	Naperville Holiday Lights Trolley	5:15-9:30pm	25134	\$64R/\$70NR		At Reg.		
	12/16	Scrooge	9:15am-5pm	25526	\$65R/\$71NR		At Reg.		
	12/20	Blue Chip Casino	8:30am-6pm	25133	\$20R/\$26NR		12/1		
	12/21	The Sound of Music at the Paramount	11am-4:30pm	25553	\$69R/\$75NR		At Reg.		
	1/6	Epiphany	7:45am-12:15pm	26162	\$18R/\$24NR		12/15		
	1/12	Four Winds Casino	8:20am-6:30pm	26165	\$26R/\$32NR		12/15		
	1/17	Nicholas Conservatory	9:30am-4:15pm	26163	\$58R/\$64NR		12/15		
	1/25	Winter Wildlife Trolley	9am-2:45pm	26164	\$54R/\$60NR		1/1		
	2/1	Blue Chip Casino	8:30am-6pm	26167	\$22R/\$28NR		1/15		
	2/9	Rialto Square Theatre	1:15-7:15pm	26158	\$66R/\$72NR		1/15		
	2/13	Spring Program Guide Preview Day	10-11am	26076	FREE		N/A		
	2/15	Into the Woods at the Paramount	11am-4:30pm	26157	\$71R/\$77NR		1/1		
	3/1	Afternoon Tea	11:30am-2:30pm	26159	\$83R/\$89NR		2/1		
	3/9	Four Winds Casino	8:20am-6:30pm	26166	\$26R/\$32NR		2/15		
	3/21	Dancing Queen: ABBA Salute	9:15am-5pm	26161	\$84R/\$90NR		2/15		
	3/24	Days of Old	8:15am-5:45pm	26160	\$75R/\$81NR	1 2 3	3/1		
	5/10	School of Rock at the Paramount	11am-4:30pm	26008	\$73R/\$79NR		4/1		

Lancaster Overnight Trip

May 1-6

Double occupancy resident: \$875

Double occupancy nonresident: \$885

Single occupancy resident: \$1,075

Single occupancy nonresident: \$1,085
26052

\$75 non-refundable deposit due at registration.

FINAL PAYMENT DUE: JANUARY 15

Check box to request registration

Come with us to Lancaster, PA and Dutch Country! Enjoy a performance of MOSES at the Sights and Sounds Theatre in Lancaster. Experience life on the Amish Country Homestead at the Amish Experience Attraction, committed to accurately and sensitively portraying the Old Order Amish as they live and work in today's world. Enjoy a remarkable show at the Magic and Wonder Theatre. Spend a day in Philadelphia with a guided tour of some of the most historic sights including Betsy Ross's house, The Mint, The Federal Reserve, the Holocaust Memorial; and spend some free time in the historic district where you can visit the Liberty Bell. Visit Kitchen Kettle Village – a charming marketplace of shops and restaurants.

The six-day overnight trip includes deluxe motorcoach transportation, eight meals, and five nights lodging, including three consecutive nights in the Lancaster area. Brought to you by Diamond Tours. Double Occupancy registrants must have a registered roommate, otherwise should and will be registered as a single occupancy. Must register in person at Simkus or Fountain View Recreation Centers. Online registration is not available for this trip.

Waiver & 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

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.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

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.

Participant's Name (*Print*)

Participant's Signature

Date MM/DD/YY

INTERNAL USE ONLY

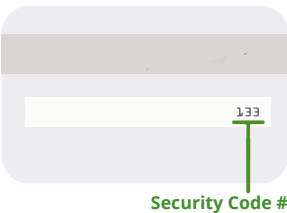
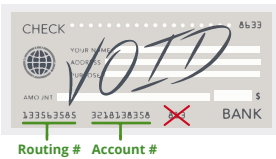
STAFF INITIAL

DATE

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 (Print)	
Signature	Date MM/DD/YY

INTERNAL USE ONLY

STAFF INITIAL _____

DATE / /

Payment Plan Updated