



# Registration | Request for School Year 2025-2026

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Email \_\_\_\_\_

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

☐ My child has special needs and requires one-on-one assistance.

*Registration must be completed two weeks in advance and support is not guaranteed.*

## DAYS OFF CLUB RATES

	TIMES	IN ADVANCE	WITHIN 3 DAYS
<i>BEFORE CARE</i>	6:45-9 am	\$15R / \$17NR	\$17R / \$19NR
<b>Days Club Off</b>	9 am-4 pm	\$50R / \$55NR	\$55R / \$60NR
<i>AFTER CARE</i>	4-6:30 pm	\$17R / \$19NR	\$19R / \$21NR

Register my child for the following:

	DAY	<i>BEFORE CARE</i>	DAYS OFF CLUB	<i>AFTER CARE</i>
<i>Location: Fountain View Recreation Center</i>				
WINTER BREAK	THANKFUL FOR FUN, FRIENDS & FLAG FOOTBALL	Nov 26 <input type="checkbox"/> 33121	<input type="checkbox"/> 32995	<input type="checkbox"/> 33133
	KID'S EMPIRE FIELD TRIP	Dec 22 <input type="checkbox"/> 33122	<input type="checkbox"/> 32997	<input type="checkbox"/> 33134
	SANTA'S WORKSHOP THEME DAY	Dec 23 <input type="checkbox"/> 33123	<input type="checkbox"/> 32998	<input type="checkbox"/> 33135
	PAJAMA, POPCORN AND MOVIE DAY	Dec 26 <input type="checkbox"/> 33125	<input type="checkbox"/> 32999	<input type="checkbox"/> 33136
	POLAR EXPRESS THEME DAY	Dec 29 <input type="checkbox"/> 33126	<input type="checkbox"/> 33000	<input type="checkbox"/> 33137
	SPLASH CENTRAL FIELD TRIP	Dec 30 <input type="checkbox"/> 33127	<input type="checkbox"/> 33001	<input type="checkbox"/> 33138
	ART EXPLORATION THEME DAY	Jan 2 <input type="checkbox"/> 33128	<input type="checkbox"/> 33019	<input type="checkbox"/> 33139
	SWIMMING AT FOUNTAIN VIEW	Jan 5 <input type="checkbox"/> 33129	<input type="checkbox"/> 33020	<input type="checkbox"/> 33140
<i>Location: Simkus Recreation Center</i>				
SPRING BREAK	PICTURE SHOW FIELD TRIP	Jan 19 <input type="checkbox"/> 33934	<input type="checkbox"/> 33933	<input type="checkbox"/> 33935
	IMAGINE ARTS ACADEMY SPECIAL EVENT	Feb 16 <input type="checkbox"/> 33937	<input type="checkbox"/> 33936	<input type="checkbox"/> 33938
	GAMES GALORE THEME DAY	Feb 27 <input type="checkbox"/> 33940	<input type="checkbox"/> 33939	<input type="checkbox"/> 33941
	REPTILE SHOW SPECIAL EVENT	Mar 30 <input type="checkbox"/> 34043	<input type="checkbox"/> 34042	<input type="checkbox"/> 34044
	SHARK TANK THEME DAY	Mar 31 <input type="checkbox"/> 34046	<input type="checkbox"/> 34045	<input type="checkbox"/> 34047
	ULTIMATE NINJAS FIELD TRIP	Apr 1 <input type="checkbox"/> 34049	<input type="checkbox"/> 34048	<input type="checkbox"/> 34050
	GYMNASTICS IN-HOUSE EVENT	Apr 2 <input type="checkbox"/> 34052	<input type="checkbox"/> 34051	<input type="checkbox"/> 34053
	BOWLERO FIELD TRIP	Apr 3 <input type="checkbox"/> 34055	<input type="checkbox"/> 34054	<input type="checkbox"/> 34056
	SPRING BREAK FUN THEME	Apr 6 <input type="checkbox"/> 34058	<input type="checkbox"/> 34057	<input type="checkbox"/> 34059
	SWIMMING AT FOUNTAIN VIEW	Apr 24 <input type="checkbox"/> 34061	<input type="checkbox"/> 34060	<input type="checkbox"/> 34062



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### 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.

### PROGRAM INFORMATION

Payment is due at the time of registration. **No refunds, credits, or transfers within 3 days of program.** Fees are not refunded, credited, or prorated due to absences of any kind, late drop-off, or early pick-up. Emergency information is required in ePACT prior to participation. Activities are subject to change.

### 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. 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.

**I will review the parent handbook, posted at [csparks.org](http://csparks.org), with my child and we agree to abide by all policies and procedures.**

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

**Parent/Guardian Name (Print)**

**Parent/Guardian Signature**

**Date MM/DD/YY**

#### INTERNAL USE ONLY

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

DATE / / TIME \_\_\_\_\_

**RETURN BY EMAIL: [INFO@CSPARKS.ORG](mailto:INFO@CSPARKS.ORG)**

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