

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

	DAY	DAY	TIME	CODE	FEE	PAYMENT DUE DATE	SIGN ME UP!	AUTO PAY	AMOUNT PAID
<b>St. Josaphat and Milwaukee Tour</b>	8/16	Wed	8 am-4:15 pm	27148	\$47R / \$53NR	At Reg	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Venetian Fest</b>	8/20	Sun	1 pm-11:30 pm	27158	\$26R / \$32NR	8/1	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Four Winds Casino</b>	8/23	Wed	8:20 am-6:30 pm	27112	\$26R / \$32NR	8/1	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Art in Pilsen</b>	8/30	Wed	9:15 am-4 pm	27145	\$39R / \$45NR	8/15	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Milwaukee Sightseeing Cruise</b>	9/7	Thu	11:15 am-5:30 pm	27967	\$55R / \$61NR	At Reg	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Chicago Fed Money Museum</b>	9/12	Tue	1:30 pm-5:45 pm	27969	\$20R / \$26NR	8/15	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Dial "M" For Murder</b>	9/17	Sun	8:20 am-6:30 pm	27970	\$20R / \$26NR	9/1	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Four Winds Casino</b>	9/21	Thu	8:20 am-6:30 pm	27685	\$26R / \$32NR	9/1	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Little Shop of Horrors</b>	9/27	Wed	11 am-5:45 pm	27971	\$89R / \$95NR	8/15	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Milwaukee Oktoberfest</b>	10/8	Sun	9 am-6 pm	27973	\$24R / \$30NR	9/15	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Autumn on the River</b>	10/18	Wed	8:45 am-5:15 pm	27980	\$96R / \$102NR	10/1	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Potawatomi Casino</b>	10/24	Tue	8:45 am-6:15 pm	27979	\$25R / \$31NR	10/1	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Elvis at Starved Rock</b>	11/7	Tue	9:15 am-5 pm	27974	\$85R / \$91NR	10/15	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Thankful for Previews!</b>	11/14	Tue	12 pm-1 pm	27982	\$0.00	11/1	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Four Winds Casino</b>	11/16	Thu	8:20 am-6:30 pm	27686	\$26R / \$32NR	11/1	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Stained Glessner</b>	11/29	Wed	9:45 am-4 pm	27975	\$45R / \$51NR	11/1	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Victorian Christmas</b>	12/6	Wed	8:45 am-4:15 pm	27976	\$48R / \$54NR	11/15	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Scrooge</b>	12/8	Fri	9:15 am-5 pm	27981	\$88R / \$94NR	11/1	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Potawatomi Casino</b>	12/14	Thu	8:45 am-6:15 pm	27978	\$25R / \$31NR	11/15	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Christkindl Market</b>	12/16	Sat	11:15 am-4:30 pm	27977	\$23R / \$29NR	12/1	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Charlie and the Chocolate Factory</b>	12/20	Wed	11 am-5:45 pm	27972	\$89R / \$95NR	11/1	<input type="checkbox"/>	<input type="checkbox"/>	

INTERNAL USE ONLY

**Biltmore Estate & Asheville, NC Overnight Trip - October 2-7**

ATTENDING	DATE	OCCUPANCY	CODE	FEE	FINAL PAYMENT DUE	AMT. PAID
	10/2-10/7	Single Occupancy	26630	\$1,425R / \$1,435NR	7/1	
	10/2-10/7	Double Occupancy	26630	\$1,150R / \$1,160NR	7/1	

Brought to you by White Star Tours. Trip Insurance available through NTA Travel Protection. Register in person only. Trip insurance must be purchased online through NTA Travel Protection. See the front desk for information. \$75 non-refundable deposit due at registration.

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 & 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.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Email \_\_\_\_\_ Birthdate \_\_\_\_\_

EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_

Phone \_\_\_\_\_ Relation \_\_\_\_\_

Describe any physical or medical special needs in which an accommodation is required.

How did you hear about this activity? \_\_\_\_\_

Have you seen any of our ads?  Yes  No

**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 MM/DD/YY