

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.

	DATE	DAY	TIME	CODE	FEE	PAYMENT DUE DATE	ACTIVITY LEVEL	SIGN ME UP!	AUTO PAY	AMOUNT PAID
Tulip Time	5/4	Sat	7:30 am - 8:30 pm	29113	\$69R / \$75NR	At Reg.		<input type="checkbox"/>	<input type="checkbox"/>	
Copper Fiddle Distillery	5/8	Wed	3 - 6:15 pm	29165	\$40R / \$46NR	At Reg.		<input type="checkbox"/>	<input type="checkbox"/>	
9 to 5 The Musical	5/16	Thu	12:45 - 5 pm	28956	\$51R / \$57NR	At Reg.		<input type="checkbox"/>	<input type="checkbox"/>	
The Pride of Oregon Luncheon Tour	5/20	Mon	9 am - 3:30 pm	29114	\$71R / \$77NR	At Reg.		<input type="checkbox"/>	<input type="checkbox"/>	
Broken Wagon Bison Ranch	6/8	Sat	7 am - 2:45 pm	29657	\$53R / \$59NR	5/15		<input type="checkbox"/>	<input type="checkbox"/>	
Beautiful: The Carol King Musical	6/12	Wed	11 am - 4:45 pm	29257	\$87R / \$93NR	5/15		<input type="checkbox"/>	<input type="checkbox"/>	
Chicago Cubs v. San Francisco Giants	6/19	Wed	11 am - 6:30 pm	29740	\$47R / \$53NR	5/15		<input type="checkbox"/>	<input type="checkbox"/>	
Wandering Tree Estate	6/26	Wed	9 am - 3:30 pm	29771	\$86R / \$92NR	6/1		<input type="checkbox"/>	<input type="checkbox"/>	
Route 66 Tour	7/12	Fri	8 am - 7 pm	29623	\$67R / \$73NR	6/15		<input type="checkbox"/>	<input type="checkbox"/>	
Lake Geneva Day Trip	7/20	Sat	7:45 am - 6 pm	29658	\$80R / \$86NR	7/1		<input type="checkbox"/>	<input type="checkbox"/>	
Program Preview Day	7/23	Tue	1:30 - 3 pm	29924	FREE	7/1		<input type="checkbox"/>	<input type="checkbox"/>	
Million Dollar Quartet	7/24	Wed	12:45 - 5:15 pm	29622	\$69R / \$75NR	7/1		<input type="checkbox"/>	<input type="checkbox"/>	
Fireworks on the Fire Boat	7/27	Sat	7:30 pm - 12 am	29814	\$65R / \$71NR	7/1		<input type="checkbox"/>	<input type="checkbox"/>	
Anderson Japanese Gardens	8/7	Wed	9 am - 4:15 pm	29786	\$67R / \$73NR	7/15		<input type="checkbox"/>	<input type="checkbox"/>	
White Fence Farm Lunch & Show	8/14	Wed	10:30 am - 3:30 pm	29777	\$70R / \$76NR	7/15		<input type="checkbox"/>	<input type="checkbox"/>	
Galena Day Trip	8/18	Sun	8 am - 7:15 pm	29659	\$50R / \$56NR	8/1		<input type="checkbox"/>	<input type="checkbox"/>	
Four Winds Casino	8/21	Wed	8:15 am - 6:30 pm	29621	\$26R / \$32NR	8/1		<input type="checkbox"/>	<input type="checkbox"/>	

INTERNAL USE ONLY

**Charleston, SC Overnight Trip: Oct 20-26**

Join us for a seven-day trip to Charleston, SC! Take a riverboat cruise around the Charleston Harbor and visit Middleton Place, with gardens, stables, chapel and mill. Explore the McLeod Plantation and a historic southern home. Visit the Charleston Tea Garden, featuring a trolley tour highlighting how tea is produced. Enjoy a guided tour of the charming city of Charleston. Trip includes motorcoach transportation, six nights lodging including four consecutive nights in the Charleston area, and ten meals.

DATE	OCCUPANCY	CODE	FEE	FINAL PAYMENT DUE
10/20-26	Single Occupancy	29885	\$1,425R / \$1,435NR	8/1
10/20-26	Double Occupancy	29885	\$1,106R / \$1,116NR	8/1



**Minimal Activity =**  
 Indicates limited walking and a mostly seated experience.  
 Example: Most theatre trips.

**Moderate Activity =**   
 Indicates an increased level of activity, but with opportunity to go at one's own pace.  
 Example: Casino trips.

**Extensive Activity =**   
 Indicates a high level of activity, including stairs, periods of extended standing, long walking distances, balcony seating, or other limited accessibility at a venue.  
 Example: Festivals.

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

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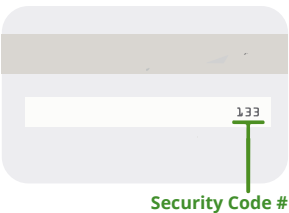
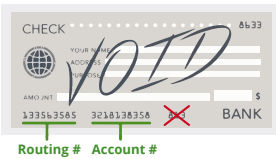
STAFF INITIAL

DATE MM/DD/YY

**Enrollment For**

- ActivKids**
- Adult Trips & Events**
- Camp**
- Dance**
- Fitness**
- 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.**

<b>Name (Print)</b>	
<b>Signature</b>	<b>Date MM/DD/YY</b>

**INTERNAL USE ONLY**

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

DATE    /    /

Payment Plan Updated