

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>Quad City Bald Eagle Days</b>	1/6	Sat	7 am-7:30 pm	28772	\$40R / \$46NR	12/15	<input type="checkbox"/>	<input type="checkbox"/>	INTERNAL USE ONLY
<b>Rockford Casino</b>	1/17	Wed	9:30 am - 4:15 pm	28773	\$20R / \$26NR	12/15	<input type="checkbox"/>	<input type="checkbox"/>	
<b>BAPS Tour</b>	1/23	Tue	9:15 am - 1:45 pm	28774	\$49R / \$55NR	12/15	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Fiddler on the Roof</b>	1/31	Wed	12:15 pm - 5:30 pm	28775	\$72R / \$78NR	1/1	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Four Winds Casino</b>	2/7	Wed	9:15 am - 6:15 pm	28776	\$28R / \$34NR	1/15	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Dream Lover</b>	2/13	Tue	9:30 am - 5 pm	28777	\$88R / \$94NR	1/1	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Program Preview Day</b>	2/20	Tue	10 - 11:30 am	28778	FREE	2/15	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Mystery Trip</b>	2/22	Thu	9:45 am - 3 pm	28779	\$73R / \$79NR	2/1	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Billy Elliot</b>	2/28	Wed	10:55 am-5:45 pm	28780	\$75R / \$81NR	2/1	<input type="checkbox"/>	<input type="checkbox"/>	
<b>The Temporary Casino</b>	3/8	Fri	9:30 am - 4 pm	28781	\$19R / \$25NR	2/15	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Luck of the Irish</b>	3/14	Thu	9:15 am - 3:15 pm	28782	\$59R / \$65NR	2/15	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Mystery in the Mansion</b>	3/21	Thu	10:10 am - 2:45 pm	28783	\$85R / \$91NR	3/1	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Milton History &amp; Wine</b>	3/27	Wed	8:45 am - 5 pm	28784	\$62R / \$68NR	3/15	<input type="checkbox"/>	<input type="checkbox"/>	

**Cape Cod Overnight Trip - May 11-19**

Join us on a nine day trip to Cape Cod! Embark on a guided tour of Hyannis and Sandwich, with stops at the JFK Museum and JFK Memorial. Take a ferry ride to the famous getaway island, Martha's Vineyard. Enjoy a guided tour of the Outer Cape, including the Eastham Windmill, the Cape Cod National Seashore, Race Point Visitor Center, and Marconi Station area with a spectacular ocean to bay view across the Cape. Explore Provincetown, home to vibrant galleries and boutiques. Breathe in the sea air in Chatham, with its panoramic views of the Atlantic and rustic barrier beaches. Additional en route stops include the Cleveland Museum of Art and the Made in America Store. This Diamond Tours overnight trip includes deluxe motorcoach transportation, 14 meals, and eight nights lodging including four consecutive nights in the Cape Cod area. Optional trip insurance is available.

DATE	OCCUPANCY	CODE	FEE	FINAL PAYMENT DUE
5/11-19	Single Occupancy	28785	\$1,735R / \$1,745NR	2/1
5/11-19	Double Occupancy	28785	\$1,399R / \$1,409NR	2/1

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

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**Participant's Signature** **Date** MM/DD/YY

INTERNAL USE ONLY

\_\_\_\_\_  
**STAFF INITIAL**      \_\_\_\_\_  
**DATE** MM/DD/YY