


Name _____ Phone _____

	DATE	CODE	FEE	PAYMENT DUE DATE	SIGN ME UP!	AUTO PAY	MEAL CHOICE	AMOUNT PAID (INTERNAL USE ONLY)
Hard Rock Casino	2/25	34072	\$18R/\$24NR	2/1	<input type="checkbox"/>	<input type="checkbox"/>		
Art Institute of Chicago	3/5	34089	\$52R/\$59NR	2/15	<input type="checkbox"/>	<input type="checkbox"/>		
Glessner House	3/13	34090	\$45R/\$51NR	2/15	<input type="checkbox"/>	<input type="checkbox"/>		
Milwaukee Fish Fry Tour	3/20	34091	\$140R/\$146NR	2/15	<input type="checkbox"/>	<input type="checkbox"/>		
American Place Casino	3/25	34073	\$22R/\$28NR	3/15	<input type="checkbox"/>	<input type="checkbox"/>		
Chicago White Sox VS Brewers	3/26	34312	\$74R/\$80NR	2/15	<input type="checkbox"/>	<input type="checkbox"/>		
Shen Yun	4/2	34557	\$116R/\$122NR	3/1	<input type="checkbox"/>	<input type="checkbox"/>		
Milwaukee Churches & Chocolate Tour	4/9	34468	\$126R/\$132NR	3/15	<input type="checkbox"/>	<input type="checkbox"/>		
Awesome Ottawa Tours	4/16	34469	\$66R/\$72NR	4/1	<input type="checkbox"/>	<input type="checkbox"/>		
Program Preview Day	4/21	34569	FREE	3/15	<input type="checkbox"/>			
Four Winds Casino	4/29	34867	\$32R/\$38NR	3/15	<input type="checkbox"/>	<input type="checkbox"/>		
South Pacific	5/6	34466	\$76R/\$84NR	4/1	<input type="checkbox"/>	<input type="checkbox"/>		
Heartbreak Hotel	5/13	34467	\$110R/\$116NR	4/1	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3	
Les Miserables	5/20	34561	\$146R/\$152NR	3/15	<input type="checkbox"/>	<input type="checkbox"/>		
Frank Lloyd Wright Home & Studio Tour	5/26	34563	\$66R/\$72NR	4/1	<input type="checkbox"/>	<input type="checkbox"/>		
Driehaus Museum	5/29	34565	\$78R/\$84NR	4/15	<input type="checkbox"/>	<input type="checkbox"/>		
Water for Elephants	6/28	34568	\$142R/\$148NR	3/15	<input type="checkbox"/>	<input type="checkbox"/>		
New York City Overnight Trip: Double Occupancy	5/14-20	34161	\$1,230R/\$1,250NR	2/1	<input type="checkbox"/>	<input type="checkbox"/>		
New York City Overnight Trip: Single Occupancy	5/14-20	34161	\$1,625R/\$1,645NR	2/1	<input type="checkbox"/>	<input type="checkbox"/>		

Activity Key

Minimal Activity = 


Includes limited walking and a mostly seated experience.

Moderate Activity = 

Includes some standing, walking, or stairs.

Extensive Activity = 

May include long walking distances, multiple flights of stairs, extended periods of standing, or other limited accessibility.

 = Indicates that Luxury Coach with onboard restrooms will be included in the price of activity.

Auto Pay

Participants are required to either pay in full or enroll in a payment plan.

Completion of an Automatic Payment Request form with credit card or bank account information is required if not paying at registration.

Departures

Trips depart from Simkus Recreation Center, unless otherwise noted. Arrive 10 minutes prior to the listed time for check-in and boarding.

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.

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, my online 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

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.

☐ **Yes! I would like to make a donation \$ _____ toward the purchase of the new bus.**

TRIP CANCELLATIONS

WITHDRAWALS SHOULD BE REQUESTED PRIOR TO THE PAYMENT DEADLINE. IF YOU CAN NO LONGER ATTEND AFTER THE DEADLINE, WITHDRAWALS ARE ONLY PROCESSED IF A PARTICIPANT ON THE WAITLIST TAKES YOUR SPOT OR IF YOU FIND A REPLACEMENT. THERE IS NO GUARANTEE THAT A WAITLIST REPLACEMENT CAN BE FOUND AFTER THE DUE DATE HAS PASSED. IF A FRIEND IS TAKING YOUR PLACE ON THE TRIP, A SIGNED WAIVER AND PAYMENT ARE DUE BEFORE YOUR WITHDRAWAL CAN BE PROCESSED. PASSENGERS NOT ON OUR ROSTER ARE NOT PERMITTED TO ATTEND. REFER TO OUR [REFUND AND WITHDRAWAL POLICY](#).

REGISTRATION & PAYMENT

Participants are required to either pay in full or enroll in a payment plan. Completion of an Automatic Payment Request form with credit card or bank account information is required if not paying at registration.

DEPARTURES

Trips depart from Simkus Recreation Center, unless otherwise noted. Arrive 10 minutes prior to the listed time for check-in and boarding.

INTERNAL USE ONLY

STAFF INITIAL

DATE MM/DD/YY