



# Registration | Request for School Year 2024-2025

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

Main Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

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

**Register my child for the following:**

	DAY	+ Extended Care - BEFORE	DAYS OFF (9AM-4PM)	+ Extended Care - AFTER
<b>SONNY ACRES FIELD TRIP</b>	Oct 11	<input type="checkbox"/> 30280	<input type="checkbox"/> 30268	<input type="checkbox"/> 30293
<b>CASINO DAY THEME DAY</b>	Oct 14	<input type="checkbox"/> 30281	<input type="checkbox"/> 30270	<input type="checkbox"/> 30294
<b>FVRC INDOOR POOL &amp; GYM</b>	Oct 15	<input type="checkbox"/> 30282	<input type="checkbox"/> 30269	<input type="checkbox"/> 30295
<b>LETS GET MESSY</b>	Nov 5	<input type="checkbox"/> 30835	<input type="checkbox"/> 30834	<input type="checkbox"/> 30836
<b>SKYZONE FIELD TRIP</b>	Nov 27	<input type="checkbox"/> 30797	<input type="checkbox"/> 30272	<input type="checkbox"/> 30297
<b>WINTER BREAK</b>				
<b>GYMNASTICS SPECIAL EVENT</b>	Dec 23	<input type="checkbox"/> 30286	<input type="checkbox"/> 30273	<input type="checkbox"/> 30298
<b>MOVIE &amp; PJ'S THEME DAY</b>	Dec 26	<input type="checkbox"/> 30287	<input type="checkbox"/> 30274	<input type="checkbox"/> 30299
<b>ENCHANTED CASTLE FIELD TRIP</b>	Dec 27	<input type="checkbox"/> 30288	<input type="checkbox"/> 30275	<input type="checkbox"/> 30300
<b>NEW YEARS EVE GLOW PARTY</b>	Dec 30	<input type="checkbox"/> 30289	<input type="checkbox"/> 30276	<input type="checkbox"/> 30301
<b>THE ZONE PARKOUR FIELD TRIP</b>	Jan 2	<input type="checkbox"/> 30290	<input type="checkbox"/> 30277	<input type="checkbox"/> 30302
<b>MAGIC SHOW SPECIAL EVENT</b>	Jan 3	<input type="checkbox"/> 30291	<input type="checkbox"/> 30278	<input type="checkbox"/> 30303
<b>FUNWAY FIELD TRIP</b>	Jan 6	<input type="checkbox"/> 30292	<input type="checkbox"/> 30279	<input type="checkbox"/> 30304

### DAYS OFF CLUB RATES

	TIMES	IN ADVANCE	WITHIN 72 HOURS
<i>BEFORE CARE</i>	6:45-9 am	\$14R / \$16NR	\$16R / \$18NR
<b>Days Club Off</b>	9 am-4 pm	\$49R / \$54NR	\$54R / \$59NR
<i>AFTER CARE</i>	4-6:30 pm	\$16R / \$18NR	\$18R / \$20NR



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

**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.

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

**PAYMENT INFORMATION**

Payment is due at the time of registration.

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 warning of risk, waiver and release of all claims, and assumption of risk on the reverse side of this form. If registering online, my online signature shall substitute for and have the same legal effect as an original form signature.

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

<b>INTERNAL USE ONLY</b>	
STAFF INITIAL _____	
DATE / /	TIME _____