

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 |
|-----------------------------------|-------|-----|------------------|-------|----------------|------------------|----------------|--------------------------|--------------------------|-------------|
| Route 66 Tour | 8/6 | Tue | 8 am - 7 pm | 30787 | \$67R / \$73NR | 8/1 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Mules, Marigolds, and Mimosas | 9/4 | Wed | 9:15 am-5:45 pm | 30518 | \$90R / \$96NR | 8/15 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| The Full Monty | 9/11 | Wed | 11:00 am-5:45 pm | 30519 | \$74R / \$80NR | 8/15 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Hayride Campfire at Apple Holler | 9/14 | Sat | 8:45 am-5:30 pm | 30197 | \$60R / \$66NR | 8/15 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Chicago's Gangster History | 9/28 | Sat | 7:45 am-2:45 pm | 30600 | \$70R / \$76NR | 9/1 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Autumn on the River | 10/2 | Wed | 8:45 am-5:15 pm | 30178 | \$85R / \$91NR | 9/15 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Grohmann Museum | 10/10 | Thu | 9:45 am-5:45 pm | 30580 | \$66R / \$72NR | 9/15 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Old Joliet Prison Tour | 10/12 | Sat | 4:45 pm-8:15 pm | 30744 | \$46R / \$52NR | 10/1 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Mystery Trip | 10/18 | Fri | 11:15 am-2:45 pm | 30520 | \$38R / \$44NR | 10/1 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Frank Lloyd Wright's Oak Park | 11/1 | Fri | 8:15 am-2 pm | 30601 | \$75R / \$81NR | 10/15 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Medieval Times | 11/9 | Sat | 11:30 am-3:15 pm | 30456 | \$46R / \$52NR | 10/15 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Program Preview Day | 11/12 | Tue | 12-1:30 pm | 30599 | FREE | 11/1 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Four Winds Casino | 11/13 | Wed | 8:15 am-5 pm | 30149 | \$26R / \$32NR | 10/15 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Chicago Field Museum | 11/18 | Mon | 9:15 am-6:00 pm | 30730 | \$76R / \$82NR | 11/1 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Sanfilippo Estate | 11/26 | Tue | 12:15 pm-7 pm | 30746 | \$80R / \$86NR | 11/1 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| The Joffrey Ballet's Nutcracker | 12/19 | Thu | Noon-5:30 pm | 30457 | \$69R / \$75NR | 11/1 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| White Fence Farm Lunch & Show | 12/4 | Wed | 10:45 am-3 pm | 30713 | \$75R / \$81NR | 11/1 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Naperville Holiday Lights Trolley | 12/10 | Tue | 5-8:30 pm | 30472 | \$31R / \$37NR | 11/15 | | <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. \$75 deposit due at registration. Final payment due August 1. Extensive Activity.

| DATE | OCCUPANCY | CODE | FEE | FINAL PAYMENT DUE |
|----------|------------------|-------|----------------------|-------------------|
| 10/20-26 | Single Occupancy | 29885 | \$1,475R / \$1,485NR | 8/1 |
| 10/20-26 | Double Occupancy | 29885 | \$1,109R / \$1,119NR | 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 |

| | |
|-------------------|---------------|
| INTERNAL USE ONLY | |
| STAFF INITIAL | DATE MM/DD/YY |