

--- Office Use Only ---

Date & Time Received: _____

Last Name _____

OLPD Staff Initials _____

AEK _____



2010 Summer Aquatic Household Membership Application

The application below must be completed and the waiver on back must be signed before your membership will be activated for the 2010 season. Refer to the Oak Lawn Park District Summer 2010 Program Guide for more information on memberships.

Household Fee: Base Fee for 2 members: \$149 Res \$229.00 Non-Res.

Additional Members Fees: For every (0-2 yrs) child listed on the account, add an additional \$15 fee per child
 For every (3 yrs – up) individual listed on the account, add an additional \$19 fee per person
 For every "Caregiver" (non-household member 16 years or older) listed on the account, add an additional \$39 per person (*Limit Two*)

Household Address _____

City _____ **Zip Code** _____ **Phone** (____) _____

<u>Members First Name</u>	<u>Last Name</u>	<u>Gender</u>	<u>Birthday</u>	<u>Fee (Circle)</u>
_____	_____	M F	___/___/___	Included in Base Fee
<i>Primary Member – must be 18 years or older</i>				
_____	_____	M F	___/___/___	Included in Base Fee
<i>Second Member -</i>				
_____	_____	M F	___/___/___	\$15 \$19
<i>Additional Member 1</i>				
_____	_____	M F	___/___/___	\$15 \$19
<i>Additional Member 2</i>				
_____	_____	M F	___/___/___	\$15 \$19
<i>Additional Member 3</i>				
_____	_____	M F	___/___/___	\$15 \$19
<i>Additional Member 4</i>				
_____	_____	M F	___/___/___	\$15 \$19
<i>Additional Member 5</i>				
_____	_____	M F	___/___/___	\$15 \$19
<i>Additional Member 6</i>				
_____	_____	M F	___/___/___	\$39
<i>Caregiver Member 1 - must be 16 years or older</i>				
_____	_____	M F	___/___/___	\$39
<i>Caregiver Member 2- must be 16 years or older</i>				

check the box if you listed additional members on back

Amount from second page: _____

Total Amount Due: \$ _____

Payment Type:

- Credit Card: *Circle:* Visa or Master Card
- Check (*made payable to the Oak Lawn Park District*)
- Cash

_____	_____	M	F	____/____/____	\$15	\$19
Additional Member 7						
_____	_____	M	F	____/____/____	\$15	\$19
Additional Member 8						
_____	_____	M	F	____/____/____	\$15	\$19
Additional Member 9						
_____	_____	M	F	____/____/____	\$15	\$19
Additional Member 10						

Total* \$ _____
*List this total on front-page

SWIM PROGRAM WAIVER

Must be signed before membership will be entered as current.

PARTICIPATION WILL BE DENIED, If the signatures of adult participants or parent/guardians along with date are not on this waiver.

IMPORTANT INFORMATION

The OAK LAWN 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 OAK LAWN 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 this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities. You are solely responsible for determining if you or your minor child/ward 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

Swimming is an activity, which challenges and engages the physical, mental and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including but not limited to drowning, head/brain injury and cervical spine injury. Understandably, not all hazards and dangers can be foreseen. The very nature of swimming is hazardous and risky, including but not limited to fatigue and overexertion, poor swimming skills, failing to avoid dangerous areas, horseplay, diving or cannon-balling into shallow water and striking the bottom or side of the pool, poor supervision or instruction, lack of conditioning, becoming disoriented, striking other swimmers, defective or inadequate equipment, striking one's head on the bottom when using a diving block, slipping or falling on the deck or within the locker facility, chemical exposure and all other circumstances inherent to the sport of swimming. In this regard, it must be recognized that it is impossible for the OAK LAWN 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 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, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as a result of participating in any and all activities connected with or associated with this program/activity. 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 OAK LAWN PARK DISTRICT, including its officials, agents, volunteers and employees (hereinafter collectively referred as "OAK LAWN PARK DISTRICT").

I do hereby fully release and forever discharge the OAK LAWN PARK DISTRICT from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

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 on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Primary Member's Signature _____ <small>(18 years or older or Parent/Guardian)</small>	Date _____
Secondary Member's Signature _____ <small>(18 years or older or Parent/Guardian)</small>	Date _____
Caregiver's Signature _____ <small>(18 years or older - if under 18, parent/guardian's)</small>	Date _____
Caregiver's Signature _____ <small>(18 years or older - if under 18, parent/guardian's)</small>	Date _____
Member's Signature _____ <small>(18 years or older)</small>	Date _____
Member's Signature _____ <small>(18 years or older)</small>	Date _____
Member's Signature _____ <small>(18 years or older)</small>	Date _____