



Chicago Children’s Museum (Chicago, IL)

Tuesday, November 20th, 2018

608201-05

Description	We will spend the day playing at the Chicago Children’s Museum.
Lunch & Snack:	Children will be required to bring their own lunches. An afternoon snack will be provided by FLASH. Children may bring additional snacks if desired.
Registration Deadline:	Wednesday, November 14th, 2018 NO FORMS WILL BE ACCEPTED AFTER THE DEADLINE!!
Location:	All children are to be dropped off and picked-up at <u>The Oak Lawn Park District Community Pavilion @ 9401 S. Oak Park Ave.</u> Trip locations are listed below.
Time:	6:45AM-6:30PM Latest Drop-Off Time: 9:00AM Earliest Pick-Up Time: 3:30 PM
What Children Need to Wear:	Children are required to wear their FLASH shirts.
How to Complete Registration:	The completed registration form needs to be dropped off with full payment to the Community Pavilion or with the FLASH staff at your child’s school. Registration may be accepted after the deadline at the program coordinator’s discretion. Any registration after the deadline listed above will be charged a \$10 late fee per child.
Refund Policy:	If a child needs to withdraw from a field trip, FLASH policy states that the parent will receive a 50% refund for any trip cancelled after the registration deadline up to 24 hours of the date of the scheduled trip. There will be no refunds granted within 24 hours of the scheduled trip. To cancel a trip, you must contact the FLASH office at flash@olparks or (708) 857-2420. Please leave a message if no one answers.
Inaccurate Drop Off & Pick Up Policy:	If you drop off or pick up your child ANY TIME after the time indicated on this form you will be charged an additional <u>\$10 per 15 minutes.</u>
Daily Cost	Participant: \$45 Participant Second Child Discount: \$40.50
**There is a %10 discount for multiple children.	

Waiver & Release of ALL Claims

Please read this form carefully and be aware that when registering yourself or your minor child/ward for participation in the above program/programs, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of Park program/programs. I recognize and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s). I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the Oak Lawn Park District and its officers, agents, servants and employees. I do hereby fully release and discharge the District and its officers, agents, servants, and employees from any and all claims from injuries, damages or loss which I or my minor child/ward 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 the activities or the program(s), to include all claims arising out of, connected with or in any way associated with the activities of the transportation service, including but not limited to boarding, exiting and transporting. In the event of any emergency, I authorize District officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward’s immediate care and agree that I will be responsible for payment of any and all medical services rendered. I also give my permission for any photographs/videos of me/my child/ward taken by the park district at a park-district program to be used for park district publicity services. I have read and fully understand the above information, warning o risk, assumption of risk, and waiver and release of all claims and permission to secure treatment. If registering online, or fax, I understand my online facsimile signature shall substitute for and have the same legal effect as an original form signature.

Parent Signature: _____ Date: _____

Participant Information

Child's Name: _____ Birth Date: _____ Grade: _____

School: _____

Second Child's Name: _____ Birth Date: _____ Grade: _____

School: _____

Does your child(ren) have any allergies or special needs? Please specify. _____

Parent Information

Mother's Name: _____ Father's Name: _____

Mother's Cell Number: _____ Father's Cell Number: _____

Mother's Work Number: _____ Father's Work Number: _____

Pick Up List

Please include the names and phone numbers of anyone else who may be picking up your child. We will ask for ID if FLASH staff does not recognize individual picking up a child.

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Payment Information

Type of Payment: Check Number: _____ Cash Master Card Visa

Cardholder Name: _____ Amount Of Payment: \$ _____

Card Number _____ Exp. Date: _____ CVC Code: _____

Authorized Signature _____ Date: _____