

**Online Registration**

Register from home, work, or even vacation by using online registration. Please visit [www.olparks.com](http://www.olparks.com), and click on the upper-right hand side "Register On line" tab to access this feature.

**Bring It In**

Visit [www.olparks.com](http://www.olparks.com), print off and complete the registration form, then visit a park-district facility (except for Stony Creek) to complete the process.

**Mail It In**

Complete the registration form, and mail it to one of the park facilities. Remember to include proof of residency (if you are a resident) and make checks payable to the Oak Lawn Park District.

**Fax It In**

Faxed registrations are accepted on a limited basis at all facilities, except for Stony Creek. A faxed form does not guarantee registration. A fax is date- and time-stamped and processed according to regular procedure. Faxes are not accepted during priority registration periods, prior to or on the first day of resident registration or on the day of trip registration. Faxes must include proof of residency, a credit-card number, expiration date, three digit code on back of card, and card type in order to be processed. The park district is not responsible for faxed forms that are received incomplete. Faxed forms cannot be accepted for adult athletic leagues.

1. The first day of General Resident Registration is **Monday, July 29** and runs either through the starting date of the program or up until the program is filled or cancelled, or until the registration deadline.
2. To register, fill out a registration form located at [www.olparks.com](http://www.olparks.com) or at each facility. Program registration will be made on a first-received, first-registered basis. All registration forms will be date- and time-stamped and processed according to date and time received.
3. Patrons are required to show proof of residency—driver's license or state-issued ID—in order to receive resident rates. If you have recently moved to Oak Lawn and have not changed your driver's license or state ID, you may receive resident rates by showing your current driver's license/state ID, along with a current utility bill showing your name and new Oak Lawn address. If this criteria is not met, non-resident rates will apply.
4. If you are mailing in your registration form and want to receive resident rates, you must include a photocopy of the items mentioned in #3. If proof of residency is not provided, you will not be registered.
5. Make checks payable to Oak Lawn Park District. **There will be a \$30 charge for any NSF checks.**
6. Telephone registration will not be accepted. Some programs require in-person registration only. Mailed or faxed forms will not be accepted for these programs.
7. If a person is found providing false information for registering (residence, age, etc.), he or she will be barred from the current session and the next.
8. The first day of General Non-Resident Registration is **Monday, August 12** and runs either through the starting date of the program or up until the program is filled or cancelled, or until the registration deadline. Non-residents, with the exception of those residing in Hometown\*, may register for programs at a specified fee. (\*Hometown residents can register for programs or memberships at resident rates. Non-resident registration dates and procedures apply, however.)
9. Membership registration will be taken at the facility where membership is desired. All registration for memberships must be handled in person. There is no mail-in or drop-off for Membership Registration.
10. **TRIP REGISTRATION:** First day of walk-in registration will no longer be on the Friday before general registration. The first day of resident and non-resident registration for trips will be **Monday, July 29**.
11. **HOMETOWN RESIDENTS:** Hometown Residents pay the Resident Fee although Hometown Residents will register with the non-resident registration date.
12. Financial Assistance is available for qualified individuals and families. For more information, call 708-857-2225.

**Registration Dates**

**General Resident:**  
Monday, July 29

**General  
Non-Resident:**  
Monday, August 12

**Resident &  
Non-Resident Trip:**  
Monday, July 29

**Preschool Programs**  
(4625 W. 110th St.):  
Forms are accepted at the  
Oak View Center only  
for Preschool Classes.

**Please Note:**  
Unless specified,  
registrations will be taken at  
any facility except Stony Creek.  
Stony Creek takes registrations  
for golf programs only.

Golf program registration is  
accepted at Stony Creek only.

**Impact of the \$15 Minimum  
Wage law**

Please be aware that our philosophy is to keep our programs and facilities as affordable as possible. However, in February of this year, the State of Illinois increased the \$8.25 minimum wage to \$15 by 2025. This is an 82% increase. This unfunded mandate will impact the Oak Lawn Park District drastically since we hire over 400 seasonal employees annually at less than \$15 per hour. Most of these employees are high school and college students from Oak Lawn.

Unfortunately this law will require us to increase our program fees and cut program offerings in order to maintain our budget. If each of those employees had only \$1 added to their hourly rate, the District would incur an additional \$122,000 in wages in 2020. By 2025, the District will incur an additional \$691,000 in payroll expense annually plus \$53,000 in payroll taxes.

# Oak Lawn Park District Registration Form

*Please print and use one line per program. If necessary, use more than one form.*

**Please see the back of this form if you have not yet set up a household or to add/update a member.**

Last Name: \_\_\_\_\_ Household #: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Does the participant(s) require an inclusion aid?    Y    N

| Activity # | Activity Name | Participant Name | Birthday | Fee |
|------------|---------------|------------------|----------|-----|
|            |               |                  |          |     |
|            |               |                  |          |     |
|            |               |                  |          |     |
|            |               |                  |          |     |
|            |               |                  |          |     |
|            |               |                  |          |     |

**PAYMENT INFORMATION**



*(We do not accept Discover or Amex.)*

CHECK #: \_\_\_\_\_ CREDIT CARD:  Visa     Mastercard    CC Expiration Date: \_\_\_\_\_

CC Account #: \_\_\_\_\_ V Code: \_\_\_\_\_ (located on back of card - last 3 digits)

Total Amount: \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_

|                 |                              |                          |                              |              |
|-----------------|------------------------------|--------------------------|------------------------------|--------------|
| Office Use Only | <b>DATE &amp; TIME STAMP</b> | <b>EMPLOYEE INITIALS</b> | <b>FACILITY (CIRCLE ONE)</b> |              |
|                 |                              |                          | Oak View                     | Racquet Club |
|                 |                              |                          | Administrative               | Stony Creek  |
|                 |                              |                          | Ice Arena                    | Other        |
|                 |                              |                          | Pavilion                     |              |

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

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please refer to the previous page for correct registration procedures. Be sure to fill out this form completely, including signing it. Enclose check or money order (do not send cash) for full amount, payable to the OAK LAWN PARK DISTRICT. Remember to provide proof of residency. There will be a \$30 charge for any NSF (non-sufficient funds) check.

**Please include your email address above to receive email notices from the Oak Lawn Park District.**

\$ ATTACH PAYMENT HERE \$

**Oak Lawn Park District  
Household Account Information**

**Primary Guardian**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_      Residency    Res    Non-Res      Gender      M      F  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Secondary Guardian** INCLUDE CONTACT INFORMATION IF DIFFERENT FROM PRIMARY GUARDIAN

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_      Residency    Res    Non-Res      Gender      M      F  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Additional Member** INCLUDE CONTACT INFORMATION IF DIFFERENT FROM PRIMARY GUARDIAN

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_      Residency    Res    Non-Res      Gender      M      F  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Additional Member** INCLUDE CONTACT INFORMATION IF DIFFERENT FROM PRIMARY GUARDIAN

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_      Residency    Res    Non-Res      Gender      M      F  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_