

DES PLAINES PARK DISTRICT

POOL PASS REGISTRATION FORM

2222 Birch Street • Des Plaines, IL 60018 • 847-391-5700 • Fax 847-391-5707 • www.DPParks.org

Type of Pool Pass (Please check one) Mystic Waters (includes Chippewa & Iroquois Pools) Chippewa & Iroquois Pools

Family Last Name _____ E-Mail _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Has any of the information above changes since your last registration? Yes No

Is this your family's first time registering? Yes No

First time Des Plaines residents: Please provide proof of residency. *Residency verified by staff.*

First Name	Birthdate	M/F	Pass Options (Please check)
			<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Replacement (\$8)
			<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Replacement (\$8)
			<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Replacement (\$8)
			<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Replacement (\$8)
			<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Replacement (\$8)
			<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Replacement (\$8)

Credit Card Payment Check One: Visa MasterCard Discover

Card Number

Cardholder's Signature _____

3-Digit CVV
On back of card

Expiration Date _____ Total \$ _____

Cash _____ Check _____ Charge _____ R _____ NR _____
For Office Use Only Total Payment Enclosed \$ _____

Waiver

The (Des Plaines Park District) "Park District" is committed to providing safe aquatic facilities. The Park District continually strives to reduce such risks and insists that all participants follow safety rules and regulations that are designed to protect the participants' safety. However, participants and parents/guardians of minors engaged in aquatic activities must recognize that there is an inherent risk of injury.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities associated with this Pool Pass. 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/aquatic activity.

Warning of Risk

Swimming and other aquatic activities challenge and engage 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, spinal cord injury. Understandably, not all hazards and dangers can be foreseen. The very nature of swimming and aquatic activities are hazardous and risky, including but not limited to fatigue, over exertion, poor swimming skills, failing to avoid dangerous areas failing to follow rules and regulations, failure of lifeguards to locate victims and/or delay in emergency response times, horseplay, diving or cannon-balling into shallow water and striking the bottom or striking other swimmers, striking one's head on the bottom, slip and falls on the deck within the locker facility, chemical exposure and all other circumstances inherent to aquatic activities. In this regard, it must be recognized that it is impossible for the 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 consideration for this Pool Pass, you will be expressly assuming the risk and legal liability and waiving all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participation in any and all activities connected with and associated with use of the Park District aquatic facilities and programs. I recognize and acknowledge that there are certain inherent risks of physical injury to patrons of aquatic facilities, 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 participation in any and all activities and programs connected with or associated with this Pool Pass. I further recognize and agree that lifeguards and the aquatic staffs are not responsible for supervising my activities or the activities of my minor child(ren) and I agree that I am solely responsible for supervising my minor children and/or assessing whether my children are physically fit and/or adequately skilled for aquatic activities. I additionally agree to supervise any children under age 10 at all times. I agree to the terms of the District Photo/Video Policy.

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 use of the Park District's aquatic facilities and programs against the Park District, including its officials, agents, volunteers and employees.

Never leave any child with poor swimming skills or younger than 10 years of age unaccompanied by a parent or responsible person, 18 years of age or older.

Signature of Participant _____ Signature of Parent/Guardian _____