



Registration | 1450 Forest Gate Road | (630) 645-9590 | registration@obparks.org
Tennis Center | 1300 Forest Gate Road | (630) 990-4660 | tennis@obparks.org

Separate households require separate registration forms.

***Please indicate** if a registrant has any dietary needs or requires any special accommodation or assistance for enjoyment of programs. Allow two weeks notice for accommodation. _____

Part 1 Primary Contact and Participant Information (Oak Brook Residency verification required)

Primary Contact (Full Name): _____ Birth date (required): _____

Address _____

City _____ State _____ Zip _____

Cell Phone # _____ Home Phone # _____

Email _____ Check here if you are a Corporate Resident. (Letter REQUIRED)

PARTICIPANT'S NAME	BIRTH DATE MM/DD/YY	GENDER	PROGRAM NAME	CODE	FEE
					\$
					\$
					\$
					\$
					\$
					\$

Part 2 Payment Information & Authorization

Credit Card (If paying by card) Visa Mastercard Discover American Express **Payment Amount: \$** _____

Credit Card #: _____ CVV _____ Expiration Date: ____/____/____

Sign Here Name of Cardholder: _____ Authorized Signature: _____

Must have signature to be processed
By execution of this authorization, the undersigned hereby gives the Oak Brook Park District permission to charge the credit card identified here-in for all charges accrued at the Oak Brook Park District for all listed Authorized Individuals. Patrons are responsible to notify the OBPD of any changes of address, credit card or expiration date information.

KEEP MY CARD ON FILE. Signature of Cardholder: _____

or

USE MY CARD ON FILE (IF SAVED) Signature of Cardholder: _____ CVV _____

or

MY CHECK IS ENCLOSED. Please make checks payable to Oak Brook Park District. **A \$25 fee is charged for all returned checks.**

Part 3 Sign the Registration Form

Sign Here I have read the program waiver stated on the back and understand that my signature is required in order to participate in any program.

Participant/Parent/Guardian Signature _____
Date

Signature MUST be included for Registration Form to be processed.

The Oak Brook Park District Foundation is a nonprofit (501c3) organization committed to assisting the Oak Brook Park District by securing philanthropic support on its behalf to enhance the use, growth, and preservation of parks, open lands, facilities, and programs.

I would like to make a donation (enclosed) to the Oak Brook Park District Foundation in the amount of \$ _____

*Make checks payable to Oak Brook Park District Foundation.



Oak Brook Park District Registration Form

5 Easy Ways to Register!

DROP-OFF/WALK-IN

Drop off a completed registration form with payment during regular business hours at the Family Recreation Center or the Tennis Center.



MAIL-IN

Send your completed registration form and payment to (check, money order, Visa, Discover, American Express, or Mastercard only, Cash NOT accepted.)



Oak Brook Park District
Administrative Office
1450 Forest Gate Rd.
Oak Brook, IL 60523

Oak Brook Park District
Tennis Center
1300 Forest Gate Rd.
Oak Brook, IL 60523

FAX

Fax your completed registration form and credit card payment information to (Visa, Discover, American Express, or Mastercard only. No other form of payment will be accepted.)



Recreation Programs/Aquatics
(630) 990-8379

Tennis Programs
(630) 990-4818

ONLINE

To register online visit or website at www.obparks.org.



EMAIL

Email your completed registration form as an attachment to registration@obparks.org or tennis@obparks.org.



Sorry, no telephone registration is accepted.

MARK YOUR CALENDAR!

A representative from the Park District will contact you in case there is a wait list for the program for which you registered.

GENERAL INFORMATION

- Carefully complete the Oak Brook Park District registration form. Enter the code number in the code column of the registration form. (Example code number: 17756) Use the form for all free and paid Park District programs. Please print and make sure all information is correct.
- THE WAIVER FORM MUST BE SIGNED FOR THE REGISTRATION FORM TO BE PROCESSED.**
- Add up the fees and write the total amount in the appropriate space. Checks or money orders made payable to the Oak Brook Park District. Include your telephone number on your check.
- YOU ARE REGISTERED UNLESS WE INFORM YOU OTHERWISE.**
- Program registration is monitored throughout the season, and programs will be cancelled if there is insufficient enrollment at least two days prior to the start date. The Oak Brook Park District maintains the right to open and close classes at its discretion.
- If you register for a class but cannot attend, please notify the Oak Brook Park District at (630) 645-9590, as soon as possible to cancel your registration. Other patrons are waiting to participate.
- Please do not bring your children to programs that you are participating in unless childcare is provided.
- If a program reaches its maximum in enrollment, the class will be "closed." A waiting list is then started for those still interested in registering for the program. When and if an opening occurs in the program, the first person on the waiting list will be contacted. We will continue down the list, as more vacancies become available. Do not include payment with your registration form if you are put on a waiting list. The registration fee will be collected if you are able to participate.
- If a participant drops out of a program, and it has waiting list, the participant cannot give their spot to a friend. The Oak Brook Park District reserves the right to assign participants to the program in the order they are listed on the Park District's waiting list.
- The Park District is not responsible for any omissions or typographical errors.
- The Oak Brook Park District does not carry accident or hospitalization insurance on any program participant. It is recommended that participants review their own personal insurance policy for adequate coverage during program activities.

REGISTRATION PROCEDURE

Instant Online Registration begins at 12:01am on designated registration dates and is processed immediately. Registrations for programs that are mailed, faxed, or in-person will be accepted upon receipt of the seasonal brochure, and held until the registration day. All received registrations will then be processed at random. Any registration received after 5pm on registration day will be processed randomly by date received. Proof of residency is required. The following items are accepted:

- Most recent real estate tax bill
- Drivers license
- Lease agreement for currently occupied residence with building owner's certification of the names and birth dates of your resident children (required by Oak Brook Village Code)
- Unpaid utility bill (payment stub attached) naming you the responsible person at the Oak Brook address
- All participants must reside in Oak Brook to receive resident rate.
- Corporate residents must verify employment within the Oak Brook area via a letter on company letterhead from a Human Resources representative verifying employment.
- Verification must be provided annually.

CANCELLATION/REFUND

A \$5 service charge will be applied to each class cancelled if received before a program begins. No refunds will be given after the 2nd class has met. Prorated refunds may be issued if accompanied by a signed note from a physician. The refund is determined once the note is received. Refunds of 100% are made if the park district cancels a program.

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware in registering yourself or your minor child(ren)/ward(s) for participation in the above program(s)—you will be waiving and releasing all claims for injuries you or your minor child(ren)/ward(s) might sustain arising out of your participation in the program(s) you have registered for.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child(ren)/ward(s) 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 my minor child(ren)/ward(s), or I may have as a result of participating in the program against the District and its officers, agents, servants and employees.

The Oak Brook Park District does not carry accident or hospitalization insurance on any program participant. It is recommended that participants review their own personal insurance policy for adequate coverage during all program activities. I do hereby fully release and discharge the District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my minor child(ren)/ward(s) may have or which may accrue to me or my minor child(ren)/ward(s) and arising out of, connected with, or in any way associated with the activities of the program(s), (including transportation services and vehicle operations, when provided).

I further agree to indemnify and hold harmless and defend the District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child(ren)/ward(s) arising out of, connected with, or in any way associated with the activities of the program(s). 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(ren)'s/ward(s)'s immediate care and agree that I will be responsible for payment of any/all medical services rendered.

As a participant in a program or activity of the District (or as the parent or guardian of a participant), I hereby grant the District permission to use my or my child(ren)'s/ward(s)'s image, video form, or voice in photographs, videotapes, internet website or other materials prepared or released by the District from time to time, for promotional, safety or instructional purposes. I understand that such materials will be used and shown in whole or in part as the District sees fit. By this permission and release, I hereby release and discharge the District, its officers, employees and agents from any and all claims or actions resulting from the use of such materials by the District.

When registering by fax or online at the Oak Brook Park District, it is mutually understood that the facsimile registration document (including the Waiver and Release of All Claims) shall substitute for and have the same legal effect as the original form.

I have read and fully understand the program details, Waiver and Release of All Claims and Permission to Secure Treatment.

SWIM PROGRAM WAIVER & RELEASE OF ALL CLAIMS

IMPORTANT INFORMATION

The Oak Brook 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 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 is 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 intended to 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 drowning. 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, inadequate 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, slip and falls 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 (District/SRA) 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 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 District, including its officials, agents, volunteers and employees.

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

www.obparks.org

FOR OFFICE USE ONLY:

Receipt #: _____ Amount Paid: _____ Date: _____ Staff: _____