



Dolphin Station Registration Form

Registration Services | 1450 Forest Gate Road | (630) 645-9590 | registration@obparks.org

Please fill out one form per child. Your child will only be accepted at Dolphin Station on the days indicated on this form. If you need to add or change days you must complete a Change Request form at least 5 business days prior to the change.

Part 1 Primary Contact Information

Parent's Name (Full Name): _____ Birth date (required): _____
 Address _____ City _____ State _____ Zip _____
 Cell Phone # _____ Home / Work Phone# _____ Email _____

Child's Name (Full Name): _____ Birth date (required): _____
 Address _____ City _____ State _____ Zip _____
 Phone # _____ Grade Entering in Fall _____

____ Check here if your child needs any special accommodations (physical, behavioral, cognitive, processing, social/emotional, or communication.) If yes, please briefly describe below and fill out the Inclusion Information Form in your program participant forms packet at the time of registration. _____

Part 2 Fees and Registration

The annual program fee is divided into **nine equal monthly payments** listed below. **The monthly fee below will be charged on first day of the following months: 8/1, 9/1, 10/1, 11/1, 12/1, 1/1, 2/1, 3/1 and 4/1.**

Session Choice: Please check appropriate line. Fee listed is the monthly fee that will be charged.

	SESSION	1 CHILD/2 CHILD	(Annual*)	*10% discount if additional children enrolled.
5 DAY	___ BOTH AM & PM	\$510/\$459	\$4590	Must circle appropriate days
	___ ONLY AM	\$170/\$153	\$1530	
	___ ONLY PM	\$340/\$306	\$3060	

	SESSION	1 CHILD/2 CHILD	(Annual*)	M TU W TH F
4 DAY	___ BOTH AM & PM	\$408/\$367	\$3672	
	___ ONLY AM	\$136/\$122	\$1224	
	___ ONLY PM	\$272/\$245	\$2448	

	SESSION	1 CHILD/2 CHILD	(Annual*)	M TU W TH F
3 DAY	___ BOTH AM & PM	\$306/\$275	\$2754	
	___ ONLY AM	\$102/\$92	\$918	
	___ ONLY PM	\$204/\$184	\$1836	

	SESSION	1 CHILD/2 CHILD	(Annual*)	M TU W TH F
2 DAY	___ BOTH AM & PM	\$204/\$184	\$1836	
	___ ONLY AM	\$68/\$61	\$612	
	___ ONLY PM	\$136/\$122	\$1224	

Form continues on back.

Part 3 Payment Information & Authorization

Credit 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, I 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. I also acknowledge that if my credit card is declined for any reason, my child will not be allowed to participate until payment is made.

A non-refundable registration fee of \$50 must accompany registration forms in order to secure space in the program.

Initial Here

Initial Here _____ Charge my credit card \$50 upon registration and my regular monthly Dolphin Station payment on 8/1, 9/1, 10/1, 11/1, 12/1, 1/2, 2/1, 3/1, and 4/1.

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.

Part 4 Sign the Registration Form

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

Sign Here

Participant/Parent/Guardian Signature

Date

Signature MUST be included for Registration Form to be processed.

Office Use Only:

Date/ Time Received: _____/_____

Start Date: _____

Monthly Payment: \$ _____ Total Payment: \$ _____