

Oak Brook
Park District

A National Gold Medal Agency



Healthcare Membership Form

PRIMARY MEMBER INFORMATION

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Birthday: ____/____/____

Email: _____

EMERGENCY CONTACT

Name: _____ Phone: _____ Alternate Phone: _____

SILVER SNEAKERS ____

16-Digit Tivity Health ID _____ - _____ - _____ - _____

RENEW ACTIVE/ONE PASS ____

RENEW ACTIVE/ONE PASS CODE _____

*Code will start with "A" or "S" followed by 9 digits.

MEMBER ID _____

*Located on Health Insurance Card. Do NOT include a dash or numbers after a dash.

GROUP ID _____

*Located on Health Insurance Card.

REQUIRED (You must complete this section to be processed)

I have read the waiver stated on the back and agree to the terms stated therein.

Member Signature: _____ Date: _____

Parent Signature: _____ Date: _____ (If signing up a minor)

Please specify if any special accommodation or assistance is needed in order to participate in physical activity: _____

Return To:

FOR OFFICE USE ONLY: Staff Name _____ Initials _____

Date Received _____ Trans # _____ Amount _____

Credit Card Cash Check # _____ Gift Card

Locker Rental Type/No. _____

Oak Brook Park District
1450 Forest Gate Road
Oak Brook, IL 60523
Phone (630) 990-4233

Oak Brook Tennis Center
1300 Forest Gate Road
Oak Brook, IL 60523
Phone (630) 990-4660

Oak Brook Park District

The Oak Brook Park District is committed to conducting its recreation programs and activities in a safe manner and hold the safety of participants in high regard. The Oak Brook Park 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/ward are 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 has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Swimming is a sport that challenges and engages 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 cervical spine injury. Understandable, 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 area, horseplay, diving, or cannon-balling into shallow water and striking the bottom or side of the pool, poor 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, slipping or falling 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 Oak Brook Park District to guarantee absolute safety.

Tennis 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. Understandably, not all hazards and dangers can be foreseen. Certain risks include, but not limited to, being struck by a ball, slip and falls, running into stationary objects and court fixtures such as net supports, carelessness, poor conditioning, heatstroke, overexertion, dangerous or defective court conditions, colliding with other players and racquets when playing doubles, poor sportsmanship, horseplay and all other circumstances inherent to racquet sports. In this regard, it must be recognized that it is impossible for the Oak Brook Park District to guarantee absolute safety.

Aerobic and other fitness activities such as passive/resistive weight training, use of stair machines, jogging, free weights, and other training devices are intended to challenge and engage the physical, mental and emotional resources of the participant. Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of serious injury. All hazards and dangers can not be foreseen. Depending on the particular activity, certain risks, dangers and injuries due to overexertion, improper technique, ignoring safety precautions, failing to follow instructions, slips and falls, unfamiliarity with the equipment and/or exercise, equipment failure, failure in supervision/instruction, premises defects and other risks inherent to the particular activity exist. In this regard, it is impossible for the Oak Brook Park District to guarantee absolute safety.

Dependent upon a person's physical condition, age and/or skill level, aerobics and fitness activities can involve a substantial risk of the following types of injuries. This list is by no means complete, but includes some of the more common ones:

Heart attack, stroke and circulatory problems, bone and joint injuries, muscle strain and other injuries, shin splints, back and neck injury and foot problems.

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware in 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 your participation in the program/programs 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/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 my minor child/ward or I may have as a result of participating in the program against the 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, damage 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 of the program(s).

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 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 child/ward'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'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 above Program Details, Waiver and Release of All Claims and Permission to Secure Treatment.

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.

CHANGES TO STATUS

Members / Participants are responsible for notifying the Park District of any changes that may affect their membership, including age and residency.

To receive the discounted rate offered to individuals 60 years of age or older, members/participants must complete and submit a new Membership Form, indicating the appropriate Change in Membership (i.e. 60+ or 60+ (+1)), in order to be eligible.

To receive a residency rate, members/participants must complete and submit a new Membership Form, indicating the Change in Membership to "Resident," and providing proof of residency, in order to be eligible.

The District reserves the right to request any additional documentation the District determines is necessary in order determine eligibility for any changes in membership status.