Seasonal Pool Pass Application 2010

Please note: Family application is restricted to members of the immediate family permanently residing at the listed address. Registration for all pool passes will be taken at the Howard Leisure Center, 6676 W. Howard Street. Passes are required for pool admission, passes are not transferable. Anyone not presenting a pass will be charged a daily admission fee. Children 2 and under are free and do not need a picture ID. Please complete and mail to: Attn: Registration, 6676 W. Howard Street, Niles, IL 60714. A $5 fee will be charged for replacement cards. **No refunds granted on pool passes.**

Proof of residency is required for any person 21 years or older to receive resident rates.

2010 Pool Pass Rates

Pool Passes will be pro rated after July 4, 2010.

Season Passes	Res	Non-Res
Individual	$72	$103
Family of 2	$113	$165
Family of 3	$155	$225
Family of 4	$175	$262
Family of 5	$195	$288
Each Additional*	$26	$36
Senior (62+)	$46	$76

Family members are defined as parents and their non-adult children (21 yrs. & under) residing in the same household.

*3 years old & older

PLEASE PRINT

Parent/Adult Name_____ Please check one: Renewal__New__

Address_____ City_____ State_____ Zip_____

Home Phone_____ Emergency Phone_____

METHOD OF PAYMENT:

☐ **Cash** ☐ **MasterCard**

☐ **Check** ☐ **Visa**

☐ **Discover**

Name _____ Exp. Date _____
(as it appears on card)

Card Number | | | | | | | | | | | | | | | | |

Signature _____ Amount _____

Participant's Last Name	Participant's First Name	Birthdate	Fee
		Total	

WAIVER AND RELEASE OF ALL CLAIMS Please read this form carefully and be aware that in signing up and participating in this program you will be waiving and releasing all claims for injuries you might sustain arising out of this program.

Please read this form carefully and be aware that in signing up and participating in the above identified programs/activities, 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/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, 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 all these programs/activities against the Niles Park District, including its officials, agents, volunteers and employees (here-in after collectively referred as "District").

I do hereby fully release and forever discharge the District from any and all claims for injuries, damages, or loss that my minor child/ward or I 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 these programs/activities.

If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Additionally, by signing this form, I am certifying that I qualify for the rate charged (i.e. If resident rate was charged, I am/my children are residents of the Niles Park District). If this is proven untrue, I realize that my park district privileges may be suspended or revoked.

Photos are periodically taken of participants in a class, during a special event or at the District's parks. Please be aware that these photos are for Park District use only and may be used in the District's publications.

I have read and fully understand the above important, warning or risk, assumption of risk and waiver and release of all claims.

PLEASE PRINT Participant's Name _____

Participant's Signature ***(18 years or older or Parent/Guardian) Date*** _____

PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.