

2019 SEASON POOL PASS REGISTRATION

Lions Park Pool • Clarendon Hills Park District • 315 Chicago Avenue, Clarendon Hills, IL 60514

Use this form to register for Season Pool Passes. If mailing this form, please make checks payable to Clarendon Hills Park District.

PLEASE PRINT

Last Name (Parent): _____ First Name (Parent): _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

Emergency Contact: _____ Phone: _____

Pool Pass Information

A 2019 season pass including picture ID will be processed at first visit to the pool. Each pass holder is required to present their picture ID to enter pool. Proof of residency is required for the Resident Fee. A family is defined as individuals living in a household who are claimed on your tax return. It DOES NOT include: caregivers, au pairs, nannies, grandparents, and children staying with you during the summer. Those individuals can purchase a NANNY, INDIVIDUAL or SENIOR PASS. Children 2 years and younger are not required to have a pass, but must be accompanied by a pass holding adult. 2019 Season Pass holders have unlimited admittance to the pool during normal operating hours May 25 – September 2, 2019. Passes are non-transferable and can only be used by the person whose picture appears on the pass.

All pool pass holders are responsible for following the pool rules. Rules are posted in multiple locations at Lions Park Pool. Residents have the option to purchase a Super Pass to use the Hinsdale Community Pool for the 2019 season in addition to their Lions Park Pool Season Pass.

Family Member Name	Date of Birth	Age	Sex M/F

Type	Quantity	Resident Fee	Non-Resident Fee	Neighborly Fee**
Individual (13-59yr)		\$150	\$230	\$175
Family (3yrs & older)		\$285	\$450	\$350
Family Plus (Includes 10 daily passes)		\$325	\$510	\$410
Senior (60yrs & older)		\$70	\$85	\$80
5 Visit Card (Limit 2)		\$36	\$54	\$54
Nanny* (18-59yr)		\$75		
Super Pass (3yrs & older)		\$50/pp		

*Purchased in conjunction with Resident Family Pass - limit one per household.

**Neighborly Fee applies to residents in Unincorporated Clarendon Hills, Darien, Downers Grove, Westmont and Willowbrook (proof of residency required to receive rate)

WARNING OF RISK: The Clarendon Hills Park District is committed to providing safe aquatic facilities and programs and holds the safety of participants in high regard. The 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 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 the 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. Please understand and recognize that lifeguards are not responsible for providing supervision of any and all activities contemplated by this agreement. Additionally, children 12 years of age and younger must be supervised at all times by a responsible person, 18 years of age or older.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION 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 and overexertion, poor swimming skills, failing to avoid dangerous area, failing to follow rules and regulations, failure of lifeguards to locate victims and/or delay in emergency response time, horseplay, diving or cannon-balling into shallow water and striking the bottom or side of pool or waterslide, inadequate supervision or instruction, lack of conditioning, becoming disoriented, striking other swimmers, striking one's head on the bottom, slip and falls on the deck or 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. Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in the above program(s), you will be waiving and releasing all claims for the injuries you or your minor child/ward might sustain arising out of the above program(s).

I recognize and acknowledge that there are certain risks of physical injury to participants in the above programs(s) and I agree to assume the full risk of any injuries, (including death), damages or loss regardless of severity in any and all activities connected with or associated with such program(s). I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program(s) against the District and its officers, agents, servants and employees. I do hereby fully release and discharge the District and its officers including agents, servants and employees from any and all claims from injuries (including death), damage or loss which I or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the above 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 (including death), 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 the District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any/all medical services rendered. I have read this fully and understand the above Program details, Waiver and Release of All Claims and Permission to Secure Treatment.

This Waiver Must be signed by All Adults 18 years and Older.

Signature of Participant or Parent/Guardian _____ Date _____

Print Name _____