

REGISTRATION FORM • VILLAGE OF ORLAND PARK • CENTENNIAL PARK AQUATIC CENTER

1 FAMILY INFORMATION

| | |
|-------------------|--------------------|
| Family Last Name: | Home Phone: () |
| Address: | Work Phone: () |
| City, State: | Cell Phone: () |
| Zip Code: | Email Address: |

2 REGISTRATION

CENTENNIAL PARK AQUATIC CENTER MEMBERSHIPS ARE NON-REFUNDABLE

| Member's First and Last Name | Relationship | Birth Date | Sex | 3 Two forms of I.D. REQUIRED |
|------------------------------|--------------|------------|-----|-------------------------------------|
| 1. | | | | Drivers License/State ID |
| 2. | | | | Water Bill |
| 3. | | | | Gas |
| 4. | | | | Electric |
| 5. | | | | Cable |
| *6. | | | | Phone |
| *7. | | | | Tax Bill |
| *8. | | | | Check |

A Family Membership includes a total of 5 immediate family members residing in the same household. Additional immediate family members 3 yrs. & older are \$15 each for residents/\$25 each non-residents. *Immediate family members are defined as parents and their non-adult (24 & under) children residing in the same household. Couple Membership is two persons living in the same household. Senior Membership is for persons 55 yrs. & older. Valid proof of residence is required for membership purchase. **Falsification of address/family information is grounds for non-refundable forfeiture of membership.** The Village of Orland Park reserves the right to request a birth certificate for any participant.

4 SELECT MEMBERSHIP

| Resident | Until 4/30 | Beg. 5/01 | Splx/OPHFC Mem. | Non-Resident | Until 4/30 | Beg. 5/01 | Splx/OPHFC Mem. |
|--------------------|------------|-----------|-----------------|--------------------|------------|-----------|-----------------|
| Individual | \$80.00 | \$88.00 | \$70.40 | Individual | \$233.00 | \$253.00 | \$202.40 |
| Couple | \$120.00 | \$132.00 | \$105.60 | Couple | \$350.00 | \$380.00 | \$304.00 |
| Family *3-5 | \$150.00 | \$165.00 | \$132.00 | Family *3-5 | \$466.00 | \$506.00 | \$404.80 |
| Senior | \$50.00 | \$55.00 | \$44.00 | Senior | \$146.00 | \$158.00 | \$126.40 |
| Childcare Provider | \$88.00 | \$88.00 | \$88.00 | N/A | N/A | N/A | N/A |
| Additional Member* | __ x \$15 | __ x \$15 | __ x \$12 | Additional Member* | __ x \$25 | __ x \$25 | __ x \$20 |

5 WAIVER

CENTENNIAL PARK AQUATIC CENTER MEMBERSHIPS ARE NON-REFUNDABLE

Please read this form carefully and be aware that in joining the above membership you will be waiving and releasing all claims for injuries that you or the above family members or guests may sustain while visiting the facility. You recognize and acknowledge that there are certain risks of physical injury and agree to assume the full risk of any injuries, including death, damages or loss which you, or the above family members or guests, may sustain as a result of participating in any and all activities associated with such membership.

You further agree to indemnify and hold harmless and defend the village and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and loss sustained by you or the above family members/guests and arising out of, connected with, or in any way associated with the membership. You permit the taking of photos, audio and video tapes during facility hours for publication and use as the department deems necessary.

All persons listed on this registration form are immediate family members residing in my household. Any misrepresentation is grounds for immediate non-refundable forfeiture of membership. I have read and fully understand the above Membership Information, policies and waiver, releasing the Village of Orland Park of all claims.

x _____ x _____ Date: _____

Mandatory signature(s) of each participant, 18 & over, parent or legal guardian of minor or disabled adult

6 PAYMENT

| | | |
|--|-------------------------------------|-----------------------------------|
| Amount of Payment: \$ | <input type="checkbox"/> Check # | <input type="checkbox"/> Cash |
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> Discover |
| Card Number: | Exp. Date: | |
| Card Holder Name: | | |
| Authorized Signature: | | |
| I agree to pay the amount charged to the card listed above in accordance with the card issuer agreement. | | |

| OFFICE USE ONLY | |
|---|-----------|
| Date: | Initials: |
| Resident ID issued <input type="checkbox"/> | |

7 QUESTIONS?

708-403-PARK (7275) | 708-645-PLAY (7529) | www.orlandpark.org

