

POOL PASS REGISTRATION FORM

Fax: 847-945-0699 | Phone: 847-945-0650
 register.deerfieldparks.org
Mail or Drop Off with payment:
 836 Jewett Park Drive, Deerfield IL 60015
 If faxed, please do not duplicate by mail



We encourage participation by everyone and provide reasonable accommodations in accordance with ADA standards. If you require program assistance for special needs, check the box to be contacted by the Deerfield Park District.

Family Last Name _____

Address _____

City _____ Zip (Required) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

Emergency Contact _____ Emergency Phone _____

Children TWO years of age and under are admitted free. DO NOT LIST THEM ON THIS FORM.
Photo Permission: By signing this form you agree that photos may be taken and used of you/your child. Please notify us in writing if you do not want photos to be taken and or used of you or your child.

First Name	Circle one: Adult.(18+) or Child	Gender	Birth Date
	Adult or Child	M or F	
	Adult or Child	M or F	
	Adult or Child	M or F	
	Adult or Child	M or F	
	Adult or Child	M or F	
	Adult or Child	M or F	
Proof of Residency Requirements are on the Registration Information page of our brochure.			

Pass Type (Code)	Early Bird R/NR through 5/27 at 5pm	R/NR after 5/27 at 5pm
Individual (P1)	\$124/186	\$155/232
Family of 2 (P2)	\$167/250	\$208/312
Family of 3 (P3)	\$192/288	\$240/360
Family of 4 (P4)	\$227/340	\$284/426
Family of 5 (P5)	\$253/379	\$315/472
Family of 6 (P6)	\$288/432	\$360/540
Senior Individual (PSR)	\$74/111	\$92/138
Senior Couple (PSR2)	\$114/171	\$142/213
Nanny (PN)	\$74	\$92
NEW SRC Member		
Outdoor Pool Add-on (PSRC1)	\$75/season	\$75/season

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, 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 this program/activity (including transportation services, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, 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. In the event of an 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's immediate care. Participants and parents/guardians of minor participants are solely responsible for any and all expenses associated with emergency medical treatment, including but not limited to, transportation services to the nearest available medical facility/provider or to an alternative medical facility/provider requested by the participant or parent/guardian. 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 this program/activity against the Deerfield Park District, including its officials, agents, volunteers, and employees (hereinafter collectively referred to as "Deerfield Park District"). I do hereby fully release and forever discharge the Deerfield Park 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, arising out of, connected with, or in any way associated with this program/activity.

**I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.
 If registering a minor participant, I further attest that I have read the above to my minor child/ward.**

X Sign here _____ Date _____
 Participant's Signature (18 years or older or parent/guardian)

PAYMENT INFORMATION

Visa MasterCard Discover American Express Cash Check Ch# _____
made payable to Deerfield Park District

Cardholder's Name _____ Total Payment \$ _____

Cardholder's Signature _____

Credit Card Number

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 Expiration Date

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