

registration form (ages 16+)

Participant's Name _____ Age _____ Birth Date _____ Gender _____

Listed are all programs in the order that they appear in the brochure. Please check only those programs for which you are registering. Any age restrictions are noted in parentheses. Circle transportation location where appropriate: AP = 737 Apts. DA = Darien DE = Denning LE = Lemont LI = Lisle SE = SEASPAR See transportation information and requirements on pages 19 or 30.

Code	Program	✓	Fee
Programs for Everyone			
2-001-01-1	Swim, Hilton, Mon., 4:30 p.m.		178
2-001-01-2	Swim, Hilton, Mon., 5 p.m.		178
2-001-01-3	Swim, The CORE, Mon., 5 p.m.		178
2-001-01-4	Swim, The CORE, Mon., 5:30 p.m.		178
2-001-01-5	Swim, Hyatt, Tue., 4:30 p.m.		178
2-001-01-6	Swim, Hyatt, Tue., 5 p.m.		178
2-001-01-7	Swim, Hyatt, Tue., 5:30 p.m.		178
2-001-01-8	Swim, Hyatt, Tue., 6 p.m.		178
2-001-01-12	Swim, Hyatt, Thu., 4:30 p.m.		178
2-001-01-13	Swim, Hyatt, Thu., 5 p.m.		178
2-001-01-14	Swim, Hyatt, Thu., 5:30 p.m.		178
2-001-01-15	Swim, Hyatt, Thu., 6 p.m.		178
2-074-01-1	Karate		150
2-008-01-1	Ice Skating, 8/26-10/14		120
2-008-01-2	Ice Skating, 10/28-12/16		85
2-070-01-1	Horseback Riding, Hanson, 5 p.m.		150
2-070-01-2	Horseback Riding, Hanson, 5:30 p.m.		150
2-070-01-3	Horseback Riding, Hanson, 6 p.m.		150
2-070-01-4	Horseback Riding, Holistic, 9/11-10/16		400
	Time Selection: _____		
2-070-01-5	Horseback Riding, Holistic, 9/12-10/17		400
	Time Selection: _____		
2-070-01-6	Horseback Riding, Holistic, 9/13-10/18		400
	Time Selection: _____		
2-070-01-7	Horseback Riding, Holistic, 11/6-27		350
	Time Selection: _____		
2-070-01-8	Horseback Riding, Holistic, 11/7-28		350
	Time Selection: _____		
2-070-01-9	Horseback Riding, Holistic, 11/8-29		350
	Time Selection: _____		
2-070-01-10	Horseback Riding, Holistic, 11/9-12/7		350
	Time Selection: _____		
2-006-01-1	Music, Tue., Piano/Drums		240
	Time Selection: _____		
2-006-01-3	Music, Wed., Piano		240
	Time Selection: _____		
2-006-01-2	Music, Thu., Keyboard/Voice		216
	Time Selection: _____		
2-099-01-8	Sensory Sunday, 5-Visit Pass		25
2-099-01-9	Sensory Sunday, 12-Visit Pass		50
Special Olympics			
2-122-01-1	Powerlifting		145
2-109-01-1	Snowshoeing		110
2-110-01-1	Alpine Skiing, Cascade Mountain		300
2-110-01-2	Alpine Skiing, Four Lakes		85
2-110-01-3	Winter Sports Getaway		300

Code	Program	✓	Fee
Special Olympics, Continued			
2-101-01-5	Basketball (Practice), 9/23-10/28		60
2-101-01-6	Basketball (Practice), 11/4-12/16		60
2-101-01-1	Basketball		220
2-118-01-3	Swimming		150
2-114-01-2	Artistic Gymnastics		240
Programs for Individuals with Physical Disabilities			
2-050-09-1	Adapted Music Lessons		90
	Time Selection: _____		
2-050-06-1	Power Soccer		66
2-050-12-1	Wheelchair Table Tennis		55
Programs for Teens & Adults (Ages 16+)			
2-007-01-3	Afternoon Adventures - DA LI SE		285
2-012-01-2	Teen Scene (16-22), Lyons Township		285
2-012-01-1	Teen Scene (16-22), Downers Grove		311
2-003-01-4	Fit N' Fuel		80
2-046-01-1	Wrestle Mania - DE		75
2-007-01-1	Day Away Tour (21+)		300
2-002-01-3	Aqua Fitness & Healthy Snack		75
2-076-01-1	Role Play		54
2-014-01-1	Music Mania		120
2-034-01-1	BINGO!		42
2-039-01-1	Animal Assisted Therapy, 9/19-10/24		57
2-039-01-2	Animal Assisted Therapy, 11/7-12/12		57
2-023-01-1	Alley Cats, Lisle		180
2-022-01-1	Diner's Delight, Lisle		190
2-023-01-2	Alley Cats, Suburbanite		180
2-022-01-2	Diner's Delight, SEASPAR		190
2-022-01-3	Diner's Delight, Denning		190
2-023-01-3	Strikers		165
2-010-01-1	Actors Guild		130
2-032-01-1	Holiday Treats		60
2-013-01-1	Weight Training		84
2-014-01-2	Glee Club		100
2-028-01-1	Crafters Club		77
2-033-01-1	Yoga		140
2-019-01-1	At the Movies, Woodridge		78
2-019-01-2	At the Movies, Hodgkins		78
2-025-01-1	Social Club		200
2-095-01-1	Young Adult Club (16-22) - DE LE SE		250
2-026-01-1	Saturday Night Socialites (21+) - AP SE		250
2-005-01-4	Fall Festers		58
2-027-01-1	Bears Bonanza, 9/17 - DE		28
2-027-01-2	Bears Bonanza, 10/22 - DE		28
2-027-01-3	Bears Bonanza, 11/12 - DE		28
2-027-01-4	Bears Bonanza, 12/3 - DE		28

Code	Program	✓	Fee
Special Events for Teens & Adults (Ages 16+)			
2-202-01-1	Northwestern Football - DE LE SE		42
2-202-01-2	Northwestern Football: Accessible - DE LE SE		42
2-203-01-1	Chicago Botanic Garden - DE LE SE		75
2-204-01-1	Day Camp Reunion (16-22) - DE LE SE		70
2-205-01-1	Goebbert's Pumpkin Patch - DE LE SE		70
2-206-01-1	Ladies Day Out - DE LE SE		65
2-207-01-1	Fall Escape		490
2-208-01-1	Harvest Festival - DE LE SE		40
2-209-01-1	Oktoberfest - DE LE SE		45
2-211-01-1	Scarecrow Festival - DE LE SE		55
2-214-01-1	Columbus Day (16-22) - DE LE SE		65
2-215-01-1	Richardson Adventure Farm - DE LE SE		70
2-216-01-1	Fall Fest at Lincoln Park Zoo - DE LE SE		65
2-218-01-1	Guys Day Out - DE LE SE		55
2-220-01-1	Million Dollar Quartet - DE LE SE		70
2-220-01-2	Million Dollar Quartet: Accessible - DE LE SE		70
2-221-01-1	Boo Bash*		20
2-224-01-1	Hofbräuhaus Chicago - DE LE SE		55
2-225-01-1	Level 257 - DE LE SE		70
2-227-01-1	The Field Museum - DE LE SE		70
2-228-01-1	The Bavarian Lodge - DE LE SE		50
2-229-01-1	Fall Pool Party - DE SE		30
2-231-01-1	Chicago History Museum - DE LE SE		45
2-232-01-1	Fall Harvest Dance - DE SE		25
2-234-01-1	Turkey Shoot - DE LE		20
2-233-01-1	Newsies - DE LE SE		100
2-233-01-2	Newsies: Accessible - DE LE SE		100
2-236-01-1	The Cheesecake Factory & Shopping - DE LE SE		65
2-238-01-1	St. Francis Bowling - DE LE SE		15
2-240-01-1	Elf - DE LE SE		75
2-240-01-2	Elf: Accessible - DE LE SE		75
2-242-01-1	Morkes Chocolates - DE LE SE		40
2-243-01-1	Holiday Dinner Dance*		50
2-244-01-1	Christkindlmarket - DE LE SE		35
2-247-01-1	Holiday Magic at the Zoo - DE LE SE		50
2-248-01-1	Holiday Shopping - DE LE SE		30
2-249-01-1	SRA Holiday Movie - DE LE SE		25
2-250-01-1	Illumination Tree Lights - DE LE SE		65
2-252-01-1	Winter Expedition, 12/18 (16-22) - DE LE		65
2-252-01-2	Winter Expedition, 12/20 (16-22) - DE LE		65
2-253-01-1	New Year's Bash		26
Total	\$		

*Event included in Social Club schedule.

Payment Type: Check Cash Money Order Credit Card
 Credit Card: MasterCard Visa Discover
 Cardholder Name _____
 Account Number _____ Exp. Date _____
 Authorized Signature _____

Office Use Only	
Date Rec'd	Cash Amt
Rec'd By	Check Amt
AIF Given	AIF Rec'd

registration form (ages 16+)

Registration Deadline: Monday, August 14 – 4:30 p.m.

Participant's Name _____ Age _____ Birth Date _____ Gender _____
Address _____ City _____ Zip _____
Are you a new participant? Yes No Is this a new address? Yes No Is this a new phone number? Yes No
Home Phone _____ Work Phone: Mom _____ Dad _____
Parents' Names _____ Cell Phone: Mom _____ Dad _____
Email Address _____
School _____ Teacher _____
Disabilities or Diagnoses _____
Are there any changes in allergic conditions? Yes No Dietary restrictions? Yes No Medication? Yes No
Other health issues? Yes No Please list _____
Do you have an updated emergency contact? Yes No Name _____
Address _____ Phone Number _____
Indicate friends and/or carpool accommodations _____

WAIVER AND RELEASE

IMPORTANT INFORMATION

SEASPAR is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. SEASPAR 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 activities 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

Recreational activities are intended to challenge and engage the physical, mental, and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of serious injury when participating in any recreational activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers, and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for SEASPAR to guarantee absolute safety.

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 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 activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this 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. 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 activity against SEASPAR, including its officials, agents, volunteers and employees.

I understand that SEASPAR carries no medical insurance and the participant's family must cover any medical costs incurred. In the event of an emergency, I understand and authorize SEASPAR staff and officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for immediate care for myself or minor child and agree that I will be responsible for payment of any and all medical services rendered.

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 online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

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

**PARTICIPATION WILL BE DENIED if the waiver is not signed and dated by parent/guardian.
PARTICIPATION WILL BE DENIED if a current Annual Information Form is not on file.**

Submit registration form with payment to SEASPAR, 4500 Belmont Road, Downers Grove, IL 60515.

The registration deadline is 4:30 p.m. on August 14. Registration confirmations will be sent two weeks before programs begin.