

registration form (ages 3-15)

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: DE = Denning LE = Lemont 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 Time Selection: _____		400
2-070-01-5	Horseback Riding, Holistic, 9/12-10/17 Time Selection: _____		400
2-070-01-6	Horseback Riding, Holistic, 9/13-10/18 Time Selection: _____		400
2-070-01-7	Horseback Riding, Holistic, 11/6-27 Time Selection: _____		350
2-070-01-8	Horseback Riding, Holistic, 11/7-28 Time Selection: _____		350
2-070-01-9	Horseback Riding, Holistic, 11/8-29 Time Selection: _____		350
2-070-01-10	Horseback Riding, Holistic, 11/9-12/7 Time Selection: _____		350
2-006-01-1	Music, Tue., Piano/Drums (5+) Time Selection: _____		240
2-006-01-3	Music, Wed., Piano (5+) Time Selection: _____		240
2-006-01-2	Music, Thu., Keyboard/Voice (5+) Time Selection: _____		216

Code	Program	✓	Fee
Programs for Everyone (Continued)			
2-099-01-8	Sensory Sunday, 5-Visit Pass		25
2-099-01-9	Sensory Sunday, 12-Visit Pass		50
Programs for Children & Young Teens			
2-088-01-1	Disney Stay-cation Club (11-15)		32
2-055-01-1	Music Therapy (4-10)		100
2-099-01-1	Sensory Explorers (3-15) Time Selection: _____		70
2-058-01-1	Right Fit, 4 p.m. (10-15)		192
2-058-01-2	Right Fit, 5 p.m. (10-15)		192
2-051-01-1	Art with Animals (5-10)		48
2-059-01-1	Book Worms (4-10)		42
2-093-01-1	Happy, Healthy Me (11-15)		60
2-078-01-1	Adventures in Science (11-15)		60
2-053-01-1	Beginner Gymnastics (4-10)		150
2-092-01-1	Gymnastics 101 (11-15)		150
2-085-01-1	Teen Excursion, 9/23 (11-15) - DE LE SE		35
2-085-01-2	Teen Excursion, 9/30 (11-15) - DE LE SE		35
2-085-01-3	Teen Excursion, 10/7 (11-15) - DE LE SE		35
2-085-01-4	Teen Excursion, 10/14 (11-15) - DE LE SE		35
2-085-01-5	Teen Excursion, 10/21 (11-15) - DE LE SE		35
2-085-01-6	Teen Excursion, 10/28 (11-15) - DE LE SE		35
2-085-01-7	Teen Excursion, 11/4 (11-15) - DE LE SE		35
2-085-01-8	Teen Excursion, 11/11 (11-15) - DE LE SE		35
2-085-01-9	Teen Excursion, 11/18 (11-15) - DE LE SE		35
2-085-01-10	Teen Excursion, 12/2 (11-15) - DE LE SE		35
2-085-01-11	Teen Excursion, 12/9 (11-15) - DE LE SE		35
2-067-01-1	Kids Club (5-10) - DE LE		170
2-086-01-1	Swimming Sampler, 9/30 (11-15) - DE LE SE		50
2-086-01-2	Swimming Sampler, 10/21 (11-15) - DE LE SE		50
2-086-01-3	Swimming Sampler, 11/11 (11-15) - DE LE SE		50
2-086-01-4	Swimming Sampler, 12/2 (11-15) - DE LE SE		50
Special Events for Children & Young Teens			
2-201-01-1	Teen Overnight (11-15) - DE LE		45
2-204-01-1	Day Camp Reunion (13-15) - DE LE SE		70
2-204-01-2	Day Camp Reunion (5-12) - DE LE SE		70
2-210-01-1	Oktoberfest for Kids (6-15) - DE LE SE		TBD

Code	Program	✓	Fee
Special Events for Children & Young Teens (Continued)			
2-212-01-1	Day Off School (5-15)		60
2-214-01-1	Fall Fest (11-15) - DE LE SE		30
2-207-01-1	Open Gym (4-10) - DE		20
2-219-01-1	Special Kids Halloween Dance (11-15) - DE LE SE		25
2-223-01-1	Halloween Party (5-10) - LE SE		30
2-222-01-1	Bowlero (11-15) - DE LE SE		55
2-226-01-1	Swim & Sensory (5-15) - DE LE LI		35
2-230-01-1	Turkey Bowl (5-10) - DE LE SE		50
2-235-01-1	Friendsgiving (11-15) - LE SE		30
2-237-01-1	Thanksgiving Break Camp, 11/21 (5-15)		60
2-237-01-2	Thanksgiving Break Camp, 11/22 (5-15)		60
2-239-01-1	Celebrate the Season (5-10) - DE LE SE		40
2-241-01-1	Candy Making (11-15) - DE LE SE		30
2-245-01-1	Holiday Lights Tour (11-15) - DE SE		30
2-246-01-1	Holiday Party (5-10) - DE LE		45
2-252-01-1	Winter Break Camp, 12/26 (5-15) - LE SE		65
2-252-01-2	Winter Break Camp, 12/27 (5-15) - LE SE		65
2-252-01-3	Winter Break Camp, 12/28 (5-15) - LE SE		65
2-252-01-4	Winter Break Camp, 12/29 (5-15) - LE SE		65
2-252-01-5	Winter Break Camp, 1/2 (5-15) - LE SE		65
2-252-01-6	Winter Break Camp, 1/3 (5-15) - LE SE		65
2-252-01-7	Winter Break Camp, 1/4 (5-15) - LE SE		65
2-252-01-8	Winter Break Camp, 1/5 (5-15) - LE SE		65
Special Olympics			
2-109-01-1	Snowshoeing (8+)		110
2-110-01-1	Alpine Skiing, Cascade Mountain (8+)		300
2-110-01-2	Alpine Skiing, Four Lakes (8+)		85
2-110-01-3	Winter Sports Getaway (8+)		300
2-118-01-3	Swimming (8+)		150
Programs for Individuals with Physical Disabilities			
2-050-09-1	Adapted Music Lessons Time Selection: _____		90
2-050-06-1	Power Soccer		66
2-050-12-1	Wheelchair Table Tennis (8+)		55
Total	\$		

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 3–15)

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 _____

**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.