

Payer	Address
Email Address	City/State/Zip
Home/Cell Phone	Emergency Contact Name/Phone

EARLY BIRD SPECIAL: Register by April 14 to receive 10% discount on season swim passes

<h2 style="margin: 0;">General Pool Membership</h2> <p style="margin: 0;">Regular Season Hours: 12 – 7 pm 7 days per week Memorial Day – Labor Day See Summer 2017 brochure for details Children up to 3 yrs old are free</p>			
Packages	Resident	Non-Resident	<h3 style="margin: 0;">PUNCH PASS</h3> <h4 style="margin: 0;">\$60 for 10 visits</h4> <p style="margin: 0;">(one punch per person per visit)</p> <input type="checkbox"/>
Individual Child (age 3-17)	\$70	\$85	
Individual Adult (18+)	\$105	\$135	
Individual Senior (55+)	\$62	\$80	
Family of 2	\$145	\$190	
Family of 3	\$195	\$225	
Family of 4	\$240	\$280	
Family of 5	\$265	\$325	
Each Additional	\$40	\$47	
List names of family members who will receive pool pass	Name & Birthdate	Name & Birthdate	Name & Birthdate
	1.	3.	5.
	2.	4.	6.

<h2 style="margin: 0;">Parent-Tot Swim Pass</h2> <p style="margin: 0;">Regular Season Hours: 10:00 – 11:45 am Monday – Friday June 13 – August 11</p>			<h3 style="margin: 0;">\$45</h3> <p style="margin: 0;">per child</p>
List name(s) of children who will receive pool pass	Name & Birthdate	Name & Birthdate	Name & Birthdate
	1.	2.	3.

PLEASE NOTE:

- Children up to 3 years old are free entry during Public Swim from 12:00-7:00pm.
- Refunds will not be given for membership sales after the start of the swim season.
- Punch Pass purchases and Daily Entry Fees cannot be applied toward the purchase of an Aquatics Membership.
- Please see Summer Activity Guide for Pool Rules and Guidelines.

FORM OF PAYMENT	
Fees:	CASH <input type="checkbox"/> CARD <input type="checkbox"/> CHECK <input type="checkbox"/>
	CARD #: _____
	EXP. DATE: _____ V-CODE: _____
Total:	SIGNATURE: _____

Butterfield Park District Waiver and Release: Important Information

Participants and parents/guardians of minors registering for the above listed programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if you or you minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, 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 these programs/activities against the Butterfield Park District, including its officials, agents, volunteers, and employees (herein after collectively referred as Butterfield Park District).

I do hereby fully release and forever discharge the Butterfield 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 and arising out of, connected with, or in any way associated with these programs/activities.

PHOTO RELEASE

By registering for any Park District program I agree to allow publication of any photos taken at any program, event, or facility of the Butterfield Park District.

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 via fax my facsimile signature will substitute for and have the same legal effect as an original form signature.

AUTHORIZATION FOR MEDICAL TREATMENT

- I, the undersigned, hereby agree to allow the individual(s) name hereon to participate in the Butterfield Park District activities.
- I certify that to the best of my knowledge, the participants named hereon is/are physically fit and able to engage in Recreation Services Division activities.
- In case of emergency, I give my permission for emergency medical treatment.
- This form shall be considered valid until canceled or changed in writing by the undersigned parent/guardian/participant.
- My signature acknowledges that I understand and agree to the above conditions.
- I have read and understand the waiver and release on this form.

Signature

Date