

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	
2.					State I.D.	
3.					Water Bill	
4.					Gas	
5.					Phone	
*6.					Electric	
*7.					Cable	
*8.					Lease	

*A family membership is defined as 5 family members residing in the same household with valid proof of residency. Passes for additional immediate family members are available for 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 Memberships	Until 4/24	Beg. 4/26	Non-Res. Memberships	Until 4/24	Beg. 4/26
Individual	\$80	\$88	Individual	\$200	\$220
Couple	\$120	\$132	Couple	\$300	\$330
Family *2-5	\$150	\$165	Family *2-5	\$400	\$440
Senior	\$50	\$55	Senior	\$125	\$137
Childcare Provider	\$88	\$88	NA	NA	NA
Additional Member*	___x \$15	___x \$15	Additional Member*	___x \$20	___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 parent or legal guardian

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.		

7 Questions?
708-403-PARK (7275)
708-645-PLAY (7529)

Office Use Only

Date:	Initials:
Resident ID issued	<input type="checkbox"/>