



BUFFALO  
GROVE  
PARK  
DISTRICT

# School Year Pool Pass Registration Form

Full Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Names of Each Passholder		
Head of Household	Age	Gender
	Adult	M / F
	Adult	M / F
Dependents	Birthdate	Gender
		M / F
		M / F
		M / F
		M / F

Circle Type of Family Pass You Are Registering For		
	School Year Pool Passes	
Family Type	Resident	Nonresident
Individual	\$100	\$140
2 Family	\$110	\$150
3 Family	\$120	\$160
4 Family	\$130	\$170
5 Family	\$140	\$180
6+ Family	\$150	\$190

Payment Information	
Due to internet security precautions, this payment form is only accepted via fax, mail or in-person. Credit card information is not accepted via email.	
Cash _____ Check # _____ Visa/MC/Disc/Amex # _____	
Signature _____	Exp _____
Amount of payment \$ _____	Date _____

### Waiver And Release Of All Claims

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in Buffalo Grove Park District programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of said programs. I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s), including transportation services, for which I have registered and I agree to assume the full risk of any such injuries, damages or loss, regardless of severity, which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s), including transportation services. I waive and relinquish all claims I or my child/ward may have against the Park District and its officers, agents, servants and employees as a result of participation in any of these program(s), including transportation services. I hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of these program(s), including transportation services. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or by my child/ward, and arising out, connected with, or in any way associated with the activities of any of the program(s), including transportation services. Photo Disclaimer: Registrants and participants of programs and special events permits the Park District to take photos and videos of themselves and their child/ward for publication in the program brochure, website and additional uses as the Park District deems necessary unless the registrant or participant expressly files with the Park District a written objection as to photos or videos of them-selves and/or their child/ward.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Please return this signed form to:  
**Buffalo Grove Park District**, 530 Bernard Drive, Buffalo Grove, IL 60089  
 Phone: 847.850.8100 Fax: 847.459.5741