

Membership/Pass Application Form Instructions

How to Complete the Application:

1. Please refer to the application on the following page. Fees for Oakton Ice Arena are on page 43; Community Center Fees are on page 86; and Outdoor Pool Pass Fees are on page 25. If you are applying for a NEW MEMBERSHIP check the “New Pass” box. If you are RENEWING A MEMBERSHIP, check the “Renewal Pass” box; check the facility where you would like a pass.
2. Fill in the specific membership or pass type and the appropriate fee in the designated areas.
3. Complete the family last name and address information section, and then complete ALL information for each individual for which a membership/pass is being purchased. If you currently have a Universal Card, please use the number on the front of each card to fill out the Universal # column.
4. Select method of payment:
 - Make checks payable to “Park Ridge Park District”
 - If paying by Visa or MasterCard, complete all information regarding account number, expiration date, etc.
 - Please DO NOT send cash through the mail.
5. Please note: You must complete separate forms and use separate checks for passes and class registration.
6. Read, sign and date the “release and hold harmless agreement” at the bottom of the application form.

7. Enclose completed application form, along with payment, in an envelope and mail to 2701 W. Sibley Avenue, Park Ridge, IL 60068.
8. Allow 5-7 days from the date mailed for the Park District to process your application form. After that time, IF YOU DO NOT HAVE a Universal Card, you may go to the Maine Park Leisure Center or the Community Center during normal business hours to have your picture taken. IF YOU HAVE a Universal Card, you do not need to have your picture taken again. Your current card will be valid for the new season.

For questions, please call:

- Oakton Ice Arena at 847-692-3359
- Maine Park Leisure Center at 847-692-5127
- Community Center at 847-692-5129

Community Center Membership Cancellation Policy

Cancellations for memberships must be received in writing.

You may pick up a cancellation form at the Community Center front desk, send a letter via mail or fax it to 847-692-4280. A pro-rated refund will be issued in the form of a check and mailed to the address listed on your membership. Please allow 30 days for processing.

Americans With Disabilities Act Notice

Park District services, programs and activities are subject to all applicable laws regarding nondiscrimination, including the Americans with Disabilities Act (ADA). If you or a family member or friend has a disability and are interested in participating in or attending Park District programs or activities, the Park District will make reasonable accommodations to facilitate that opportunity, such as providing auxiliary communication aids and services, revising policies and practices, removing barriers, selecting available alternate activity sites or taking other appropriate action. To assist Park District staff in making appropriate accommodations, we urge you to contact us reasonably in advance of program participation and discuss the necessary accommodation with our ADA Coordinator, 2701 Sibley, 847-685-4400. The ADA Coordinator will work closely with the Maine-Niles Association of Special Recreation’s (M-NASR) Integration Specialist to provide for your individual needs. You may also contact our ADA Coordinator if you require Park District publications or materials in a special format, or if you have any concerns or complaints regarding Park District ADA compliance. Individuals who are Hearing Impaired can make contact with the Park District by using our TDD relay system at 847-966-8897. The Park District welcomes comments from interested persons.

membership/pass • Application Form

**Community Center
Oakton Ice Arena
Outdoor Pool Pass**

Application for: Oakton Ice Arena Community Center Outdoor Pool Pass

Pass Type: _____

I am applying for: New Pass Renewal Pass

Fee: _____

| | | | | |
|-------------------------|--|------------------------|---------------------------------|------------|
| Family Last Name: _____ | | | Proof of Residency D U P | |
| Address: _____ | | | | |
| City: _____ | | | State: _____ | Zip: _____ |
| Home Phone: _____ | | Emergency Phone: _____ | | |

Please Complete Information Below for Each Individual

| Universal Card | Individual Name | Birth Date | Sex | Office Use Only |
|----------------|-----------------|------------|-------|-----------------|
| 1 | _____ | _____ | _____ | |
| 2 | _____ | _____ | _____ | |
| 3 | _____ | _____ | _____ | |
| 4 | _____ | _____ | _____ | |
| 5 | _____ | _____ | _____ | |
| 6 | _____ | _____ | _____ | |
| 7 | _____ | _____ | _____ | |
| 8 | _____ | _____ | _____ | |

The PRRPD reserves the right to change a payment fee to reflect the correct fee.

Method of Payment: Cash Check Visa MasterCard

Account Number:

Expiration Date:

Cardholder Name: _____

Authorized Signature: _____

Release and Hold Harmless

Please read this form carefully and be aware that in signing up and participating in this membership/pass type, you will be waiving and releasing all claims for injuries you might sustain arising out of this membership/pass.

As a participant in the membership/pass, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which I may sustain as a result of participating in any and all activities with or associated with such membership/pass.

I agree to waive and relinquish all claims I may have as a result of participating in the membership/pass against the Park Ridge Recreation and park District and its officers, agents, servants, and employees.

I do hereby release and discharge the Park Ridge Recreation and Park District and its officers, agents, servants, and employees from any and all claims from injuries, damage or loss which I may have or which may accrue to me on account of my participation in the membership/pass.

I further agree to indemnify and hold harmless and defend the Park Ridge Recreation and Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the membership/pass.

I have read and fully understand the above Membership/Pass Details and waiver and Release of all Claims. Waivers MUST be signed by participant(s) or their legal guardian. Facsimile signatures will be considered as original by the District.

Signature: _____ Date: _____ Signature: _____ Date: _____

Signature: _____ Date: _____ Signature: _____ Date: _____

Signature: _____ Date: _____ Signature: _____ Date: _____