

**SPECIAL RECREATION PROGRAMS**

PROG#:	PROGRAM NAME:	(R)	(N)
84278	Bags	\$45	\$73
84360	Chicago White Sox Game	\$85	\$133
84210	Circuit Training (M)	\$70	\$110
84211	Circuit Training (Th)	\$70	\$110
84361	Construction Team Picnic	\$15	\$28
84356	Dinner & a Movie	\$45	\$73
84336	Fitness One Step Further	\$55	\$88
84303	Golf Craze—Beginner	\$55	\$88
84305	Golf Craze—Intermediate	\$55	\$88
83450	Special Day for Special People	Free	Free
84223	O. P. Masters Golf	\$65	\$103
84341	Owls Bowling	\$15	\$28
84439	Owls Flag Football	\$80	\$125
84345	Owls Floor Hockey	\$100	\$155
84346	Owls Volleyball	\$100	\$155
84342	Special Olympics Summer Games	\$175	\$175
84564	Summer Getaway	\$1200	\$1805
84297	Take Out	\$65	\$103
84283	Time to Spare Bowl	\$90	\$140
84362	Weekend Getaway in Wis. Dells	\$550	\$835

**FRIDAY NIGHT SOCIAL CLUB/BUS**

PROG#:	BUS#:	PROGRAM NAME	(R)	(N)	BUS(R)
84583	84584	Gangs All Here	\$30	\$50	\$10
84308	84312	Hawaiian Luau	\$30	\$50	\$10
84309	84313	Mini Golf Adventure	\$30	\$50	\$10
84310	84315	Country Western Night	\$30	\$50	\$10

**WEEKLY PROGRAM BUS SERVICE**

PROG#:	PROGRAM NAME	(R)
84354	Time to Spare	\$80
84351	OP Masters	\$40
84353	Take Out	\$40
84348	Fitness Bus	\$60
84352	Owls Volleyball	\$80



**THANK YOU!**

The Orland Park Special Recreation participants and parents would like to thank the following organizations for their support over the past year:

- White Mountain Golf Park
- Orland Bowl
- Orland Chateau
- Orland Park Lions Club
- Riviera Country Club
- School District 135
- Silver Lake Country Club
- Starbucks Coffee—Orland Park
- Sunshine Through Golf Foundation
- Tinley Park Knights of Columbus

**SUMMER REGISTRATION DATES** | Please do not drop off non-resident registrations prior to the registration date.  
**RESIDENT REGISTRATION BEGINS** May 3 | **NON-RESIDENT REGISTRATION BEGINS** May 16

**REGISTER NOW—DON'T DELAY!**

Program limits will be adhered to. If you wait too long, the class may be full, or cancelled due to low enrollment.

# SPECIAL RECREATION REGISTRATION FORM

Register by mail, fax, email or in person: Recreation Administration Office, 14600 Ravinia Ave., Orland Park IL 60462, (fax) 708-403-6274, or Sportsplex, 11351 W. 159th St., Orland Park IL 60467, (fax) 708-364-7234. Questions? Call 708-403-PARK(7275) or 708-645-PLAY(7529).

## 1 FAMILY INFORMATION

Family Last Name:	Home Phone: (    )
Address:	Work Phone: (    )
City, State:	Cell Phone: (    )
Zip Code:	Email Address:

**Americans with Disabilities Act—Request for ADA modifications or assistance at a program.**

Yes, \_\_\_\_\_ needs modifications. New Participant?    Yes     No   
(Name of participant requiring special accommodations)

A staff member will contact you to make necessary arrangements.

## 2 REGISTRATION

Program Number	Program Name	Participant's First and Last Name	Birth Date	Grade	Age*	Sex	Fee

**A certified county birth certificate is required to be on file for all participants 5 years & under before registration will be accepted.**

## 3 WAIVER

**Please read this form carefully** and be aware that in registering for and participating in the above program, or any other program you verbally agree to transfer into, you will be waiving and releasing all claims for injuries that you or the above participants may sustain while participating in the programs. As a participant, parent, or legal guardian of a participant in the above-named activity and/or program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, including death, damages or loss which I, or the above participant(s) may sustain as a result of participating in any and all activities with or associated with such program, including any risks inherent in out-of-state and/or air travel. I do further agree to indemnify, hold harmless, defend and covenant not to sue the Village of Orland Park and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and loss sustained by me or the above participants and arising out of, connected with, or in any way associated with the activity and/or my participation in the program.

I permit and hereby give my consent to the taking of photos, audio and video tapes of me or my likeness during Recreation & Parks Department activities for publication and use as the department deems necessary. To participate in Village of Orland Park Recreation & Parks department programs, all persons ages eighteen and older are required to sign the Waiver and Release of All Claims Form. I have read and fully understand the refund policy located in the registration information section. I agree to waive and relinquish all claims that I, or the above participants, may have as a result of participating in the programs against the Village of Orland Park and its officers, agents, servants and employees. I do hereby fully release and discharge the village and its officers, agents, servants and employees from any and all claims from injuries, including death, damages or loss which I, or the above participants, may have or which may occur to me (us) as a result of participation in a program.

I understand and acknowledge that the village is not responsible for and assumes no liability for the dispensing or administering of any medication to the participant. I hereby fully release and discharge the Village of Orland Park, its officers, agents, servants and employees from any and all liability with respect thereto, and accept full responsibility for the dispensing and administering of any medication which may or may not be vital to the participant's health and well-being. By signing below, as the legal guardian of a disabled adult participant(s), I hereby expressly represent and certify of the Village of Orland Park that I am the legal guardian of the above-named participant(s) and that I have determined that it is in the best interests of such person(s) to participate in the program and to waive and relinquish all claims for injuries that I, or the above-named participant(s) may have arising out of, connected with, or in any way associated with the program. I have read and fully understand the above Program Registration Information, policies and waiver, releasing the Village of Orland Park of all claims.

X \_\_\_\_\_ X \_\_\_\_\_ Date: \_\_\_\_\_

Mandatory signature(s) of each participant, 18 & over, parent or legal guardian of minor or disabled adult

## 4 PAYMENT

Amount of Payment: \$	Check #:	<b>Payable to: VILLAGE OF ORLAND PARK</b>			
Credit Used:	Cash	Visa	MC	Discover	AmEx
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.					

Office Use Only	
Date: _____	Initials: _____
Resident ID issued <input type="checkbox"/>	
R   NR   M   DL   I	
Total Amount: _____	
Amount Due: _____	
Payment Schedule:	
_____	
_____	
Initial: _____	
Approved: _____	
Director Approval: _____	

Payment plans are accepted for Special Recreation trips.

I am choosing the optional payment plan and hereby authorize the Village of Orland Park to charge the payment plan to the above named credit card. Payments made by cash or check will still be accepted prior to the scheduled date. Any payments not made prior to the schedule date will be charged to the above named credit card. A \$25 service fee will be assessed for all declined credit card payments. Failure to pay may result in collection costs being added to outstanding balance.

I agree to pay the amount charged to my charge card in accordance to payment plan and card issuer agreement. \_\_\_\_\_  
(initial)