Rolling Meadows Park District

ROLLING MEADOWS SENIOR CENTER

MEMBERSHIP REGISTRATION FORM

May 1, 2025-April 30, 2026

MEMBER INFORMATION

Please check one: ☐ **Renewing Membership** ☐ **New Member**

Last Name_____ **First Name**_____

Birth Date_____ **Male**_____ **Female**_____

Address_____

City_____ **State**_____ **Zip Code**_____

Email_____ **Primary Phone #**_____

Emergency Contact Name_____ **Emergency Contact Phone**_____

MEMBERSHIP OPTIONS

Select all you are interested in: ☐ Resident **($35)** ☐ Non-Resident **($40)** ☐ Woodshop add-on **($15)**

PAYMENT

Balance Due $_____ Total Paid $_____

☐ Visa ☐ Mastercard ☐ Discover ☐ Amex ☐ Check ☐ Cash ☐ Gift Certificate

Balance Due $_____ Total Paid $_____

Credit Card #_____ # Exp. Date_____ CVV_____

Signature_____

PROGRAM WAIVER & RELEASE

Please read this form carefully and be aware that in signing up and participating in this program(s) you will be assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program(s) including transportation services and vehicle operations when needed.

I recognize and acknowledge that there are certain risks of physical injury to participate in this program(s) 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 and 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 this program(s) against the Rolling Meadows Park District, including its officials, agents, volunteers and employees.

I have read and fully understand the above waiver and release of all claims and assumption of risk. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Participation will be denied if the signature of adult participant or parent/guardian and date are not on the waiver.

X_____

Participant's Signature Today's Date