

PARTICIPANT'S FIRST NAME: _____

TOTAL PAID: \$ _____

Once program registration has been completed, an email confirmation will be sent. Please do not drop off non-resident registrations prior to the registration date.

SPECIAL RECREATION PROGRAMS

SESS I SESS II

PROG#:	PROG#:	PROGRAM NAME:	(R)	(N)
95039		Clubhouse Crew	\$50	\$75
94947	94949	Circuit Training	\$75	\$113
95019	95022	Dine Out	\$90	\$135
94998	94999	Fitness One Step Further	\$95	\$143
94950	94951	Hip Hop	\$80	\$120
95038		Ice Cream Social	\$30	\$50
95062		Junior Owl Athletics	\$65	\$98
95028		Lambs Farm	\$90	\$135
95029		Lions, Tigers & Bears Oh My	\$90	\$135
95030		Morton Arboretum	\$90	\$135
95031		Movie Matinee (2/11)	\$40	\$60
95032		Moive Matinee (4/8)	\$40	\$60
94996		Owls/US Golf	\$145	\$218
94997		Owls/US Golf Unified Partner	\$85	\$133
94995		Owls Powerlifting	\$125	\$188
94980		Owls Soccer	\$90	\$135
94954		Owls Softball Spring Training	\$60	\$90
94955		Owls Softball	\$130	\$195
94967		Owls Track & Field (8-14yr)	\$105	\$185
94968		Owls Track & Field (15 & up)	\$105	\$185
95034		Parent Advisory Committee	FREE	FREE
94945	94944	Rhodes to Independence (M/W)	\$625	\$940
94942	94943	Rhodes to Independence (F)	\$175	\$262
95035		School Off Days (1/16)	\$40	\$60
95036		School Off Days (3/6)	\$40	\$60
95033		Shamrock Shuffle	\$30	\$50
95093		Shamrock Shuffle Bus	\$30	\$50
95004	95007	Time to Spare Bowl (4pm)	\$110	\$165
95005	95008	Time to Spare Bowl (5pm)	\$110	\$165
94953		Walking Club	\$90	\$135
94952		Yoga	\$90	\$135

FRIDAY NIGHT SOCIAL CLUB/BUS

PROG#:	BUS#:	Program Name:	(R)	(N)	BUS
95023	95044	Fantastic Fiesta	\$30	\$50	\$10
95025	95046	Creative Creations	\$30	\$50	\$10
95024	95045	Outdoor Adventure	\$30	\$50	\$10
95026	95047	Mexican Fiesta	\$30	\$50	\$10

WEEKLY PROGRAM BUS SERVICE

PROG#:	PROGRAM NAME	(R)
95042	Fitness One Step Further—Winter	\$80
95053	Rhodes to Independence M & W—Winter	\$160
95054	Rhodes to Independence F—Winter	\$80
95041	Owls Powerlifting	\$100
95056	Rhodes to Independence M&W—Spring	\$160
95055	Rhodes to Independence F—Spring	\$80
95043	Fitness One Step Further—Spring	\$80
95040	Owls Softball	\$120

VILLAGE OF ORLAND PARK SPECIAL RECREATION: ADVERSE WEATHER GUIDELINES AND PROGRAM CANCELLATIONS

Cold Weather Cancellation Guidelines

- Outdoor programs: If a temperature with wind chill reaches 0 degrees or less.
- Programs with transportation: Temperature of 0 degrees or less including wind chill. Please note that in some circumstances programs or events may still be offered without transportation services.
- All programs: Winter Weather warnings are in effect (Blizzard / Ice Conditions / Snowstorm), and if restrictions to traveling and emergency accident plans are in effect.

Hot Weather Cancellation Guidelines

- Outdoor programs: Heat index of 100 degrees or higher, National Weather Service has issued an extreme heat warning for the program/event area.
- Programs with transportation: Heat index of 100 degrees or higher. Please note that in some circumstances programs or events may still be offered without transportation services.
- All programs: National weather service has issued a tornado warning for Cook or surrounding counties.

Lightning Guidelines

In the event of lightning in or around the surrounding area for outdoor programs, an event/program will be suspended and individuals will be moved to a safe location. Programs may resume after 30 minutes after the last sound of thunder or flash of lightning, or a VOP detection sounds the OK to resume play.

Program Cancellations

OPSR will make every attempt to reschedule programs, however in the event this cannot happen OPSR will follow the below notification process:

1. OPSR will make a program or event cancellation decision three hours prior to the start time.
2. If the program or event is cancelled, staff will update families by email, phone calls, and will be listed on the Rainout Line. Families will be issued a credit and or refund for the canceled class.
3. OPSR will work to extend programs that are canceled if there is availability to do so, and will notify families of makeup details.

WINTER/SPRING REGISTRATION DATES

Please do not drop off non-resident registrations prior to the registration date.

RESIDENT REGISTRATION BEGINS December 1 | NON-RESIDENT REGISTRATION BEGINS December 14

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 in person or by mail, email to:
 Sportsplex, 11351 W. 159th St., Orland Park IL 60467 or Village Hall, 14700 Ravinia Ave., Orland Park IL 60462
 Email: OrlandRecreation@orlandpark.org | Questions? Call 708.403.5000

Family Last Name:	Primary Phone: ()	Home <input type="checkbox"/> Cell <input type="checkbox"/>
Address:	Secondary Phone: ()	Home <input type="checkbox"/> Cell <input type="checkbox"/>
City, State, Zip:	Work Phone: ()	
Email Address:	Cell Phone Carrier:	

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

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 and 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 adult with disability.

****ADA - The Village of Orland Park strives to comply with the Americans with Disabilities Act (ADA). Please note if any participant needs special assistance or accommodation to participate in programs. A staff member will contact you to make necessary arrangements.**

Yes, _____ needs assistance/modifications. New Participant? Yes No
 (Name of participant(s) requiring special accommodations)

Amount of Payment: \$	Check #:	Payable to: VILLAGE OF ORLAND PARK			
Credit Used:	Cash	Visa	MC	Discover	AmEx
Card Number:	Exp. Date:	CWV:			
Card Holder Name:					
Authorized Signature:					
I agree to pay the amount charged to the card listed above in accordance with the card issuer agreement.					
PLEASE NOTE: Your charge will be listed on your statement as 'ACT* OP RECREATION 708-4035000TX' OR 'ACT*REGISTRATION TEXAS'					

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.
 By completing and signing the credit card information noted above, 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 cards.