



Apple Orchard Golf Season Family Membership

Family members consist of parents and their unmarried children 18 years and under residing at the same address and or/unmarried children through age 24 who are full time students (a school schedule is required at time of purchase). Adult parents/adult children/grandchildren residing at the same address are not part of the main household and require a separate registration. When calculating passes, the more expensive membership is always added first.

PASS FEES	Resident	Regular
Adult (16-61)*	\$300	\$405
Each Additional	\$245	\$345
1 st Senior (62 & over)*	\$255	\$365
Senior w/Adult Pass	\$220*	\$320*
2 nd Senior	\$210	\$290
Junior (15 & under)*	\$180	\$210
Each Additional Junior	\$155	\$165
Junior Golf League**	\$100**	\$100**

*Age at the time of purchase determines the pass type.

**Junior Golf League Pass is only available to those who register for the Junior Golf League at the same time. The Junior Golf League Registration form must be completed.

Payor's Full Name: _____ Circle: Resident* Regular

*A Proof of Residency is required annually. Payor's name must appear on the current Village of Bartlett Water Bill List OR a current utility bill is required.

Total number of passes you wish to purchase: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Day Phone: _____ Email: _____

List Only Family Members Purchasing Season Pass Membership:

1) First Name: _____ Last Name: _____

Birth Date ____/____/____ Sex: M F Relationship to Payor: _____

Pass type: Senior Adult Junior Junior Golf League

2) First Name: _____ Last Name: _____

Birth Date ____/____/____ Sex: M F Relationship to Payor: _____

Pass type: Senior Adult Junior Junior Golf League

3) First Name: _____ Last Name: _____

Birth Date ____/____/____ Sex: M F Relationship to Payor: _____

Pass type: Senior Adult Junior Junior Golf League

Pass memberships are not valid unless the Cancellation/Refund/Reimbursement Agreement and Waiver and Release of all Claims are both read and signed.

Office usage:

_____ **Proof of residency checked** _____ **Proof of age verified**

Total Fees Paid: _____

Credit card # : _____ **Exp date:** _____ **CID Security #:** _____

Signature of card holder: _____

Seasonal Pass Cancellations/Refunds/Reimbursements

I understand and agree that there is no refund, credit or reimbursement given due to lack of usage, weather, and acts of nature or unforeseen course closings. The Bartlett Park District makes no guarantee of how many days the course will be open and operational.

X _____ X _____
Signature of Participant of Parent/Guardian **Date**

Waiver and Release of all Claims

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in Park District program(s) that you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of Park District program(s).

1. I recognize and acknowledge that there are certain risks of physical injury to participants in Park District program(s) and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).
2. I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program(s) against the Park District and its officers, agents, servants, and employees.
3. I do hereby fully release and discharge the Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage, or loss of which I or my minor child/ward may have or which may occur to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s).
4. I further agree to indemnify and defend the Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damages, and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities or the program(s).
5. In the event of any emergency, I authorize Park District officials to secure from any licensed hospital, physician, an d/or medical personnel any treatment deemed necessary for me or my minor child's/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

X _____ X _____ X _____ X _____
Signature of Participant 18 and over **Date** **Signature of Parent/Guardian of Participant** **Date**