



Apple Orchard Golf Pass Agreement

Apple Orchard Golf Course is a facility of the Bartlett Park District
 Registration Office: (630) 540-4800 | Golf Course: (630) 540-4807



Family members consist of parents and their unmarried children 18 years and under residing at the same address and or/unmarried children through age 25 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)**	\$370	\$470
Each Additional**	\$310	\$410
1 st Senior (62 & over)**	\$320	\$420
2 nd Senior **	\$290	\$390
Junior (17 & under)**	\$245	\$345
Junior Golf League***	\$130	\$130
10 Round Pass	\$140	\$160

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

**Age at time of purchase will determine 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. **The Junior Golf League pass is not available until the Junior Golf League registration opens.**

Primary Member Purchasing Apple Orchard Season Pass or Punch Pass: *Resident** *Regular*

First Name: _____ Last Name: _____

Birth Date: ____/____/____ Sex: M F

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Email: _____

Pass type: Senior Adult Junior 10 Round Pass Junior Golf League

Additional Family Members Purchasing Apple Orchard Season Pass or Punch Pass:

First Name: _____ Last Name: _____

Birth Date: ____/____/____ Sex: M F

Pass type: Senior Adult Junior 10 Round Pass Junior Golf League

First Name: _____ Last Name: _____

Birth Date: ____/____/____ Sex: M F

Pass type: Senior Adult Junior 10 Round Pass 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.

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, and/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.

(Print Name)

(Signature) Members 18 and older

(Date)