

# Village of Hinsdale | Parks & Recreation

# COMMUNITY POOL MEMBERSHIPS ON SALE!

## 2016 Pool Membership Fees: Early Bird Rate ends April 29!

EARLY BIRD FEES	March 1 - April 29		
	HINSDALE RES	NON-RES	Neighbory
Family	\$290.00	\$515.00	\$365.00
Individual (2-61 yrs)	\$165.00	\$260.00	\$240.00
Senior Citizen (62 yrs +)	\$ 80.00	\$155.00	\$155.00
Nanny*	\$ 60.00	\$ 90.00	\$ 90.00
REGULAR SEASON FEES	April 30 - Sept. 5		
Family	\$315.00	\$540.00	\$390.00
Individual (2-61 yrs)	\$185.00	\$285.00	\$260.00
Senior Citizen (62 yrs +)	\$ 80.00	\$155.00	\$155.00
Nanny*	\$ 60.00	\$ 90.00	\$ 90.00



**Memberships and passes are non-refundable and non-transferable.**

\*Can only be purchased with a family membership

### 2016 "Super Pass"

In cooperation with Clarendon Hills Pool, Hinsdale residents may purchase a "Super Pass" membership to permit use of both the Hinsdale Community Swimming Pool and the Clarendon Hills Pool. The "Super Pass" will be limited to 100 members for the 2016 season on a first-come first-served basis. A special pass is issued for "SUPER PASS" holders, so a new ID pass will need to be issued each year. New photos are not required.

An additional membership fee is required to obtain a "Super Pass". The fee includes the Hinsdale Community Pool membership fee AND the fee for the Super Pass.

#### Additional SUPER PASS fee for residents only:

Individual/1st Family Member.....ADD \$45.00 • 2nd-3rd Family Member.....ADD \$45.00 ea.  
Add'l Family Members over 3.....ADD \$15.00 ea.



Detailed information available on our website: [www.villageofhinsdale.org](http://www.villageofhinsdale.org)

# 2016 POOL PASS MEMBERSHIP FORM - Village of Hinsdale Parks and Recreation

FAMILY LAST NAME \_\_\_\_\_ DATE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
 CELL PHONE \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_

DID YOU HAVE A POOL MEMBERSHIP IN PREVIOUS YEARS? Yes \_\_\_ No \_\_\_

DO YOU NEED ANY ACCOMMODATION WITH THE AMERICANS WITH DISABILITIES ACT?  
 Yes \_\_\_ No \_\_\_

You must initial this box to show that you have read and understand the pool hours.

**VERIFICATION OF RESIDENCE**

Completion of this form confirms that the above information is true and the persons reside at the address listed. A copy of a utility bill or tax form is required as proof of residence.

FIRST/LAST NAME	DATE OF BIRTH	FEE	SUPER PASS (Additional Fee)

**TOTAL FEES \$**

**PAYMENT INFORMATION - check one:** Cash Check Visa MasterCard American Express Discover

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Security Code \_\_\_\_\_

*I give permission to charge the listed total to my credit card.*

**WAIVER AND RELEASE**

I have read this form carefully, and am aware that by agreeing to this form and registering and participating in, or registering my minor child/ward for and allowing his or her participation in the Program: (hereinafter referred to as the "Program"). I am WAIVING and RELEASING all claims for myself and my minor child/ward arising out of such registration and participation. In consideration of the Village of Hinsdale (the "Village") accepting me and/or my minor child/ward as a participant in the Program, I hereby agree as follows: **ACKNOWLEDGEMENT AND ASSUMPTION OF RISK OF INJURY AND LOSS:** I have fully informed myself of all of the details of the Program and have received satisfactory answers to all questions I have concerning the Program and the risks inherent in the Program and believe and represent that I and/or my minor child/ward have the necessary abilities, skills, and knowledge to participate in the Program. I recognize and acknowledge that the Program involves risks of bodily injury, death and property loss. I hereby agree to, and do, assume the full risk of any injuries, including death, and of any property loss, and of all expenses, costs, damages and losses that I, or my minor child/ward on whose behalf I am signing may sustain as a result of participating in any and all activities connected with or associated with the Program. **WAIVER OF AND RELEASE OF CLAIMS:** I hereby agree to, and do, waive release and relinquish all claims, demands, rights of action, damages, liabilities and controversies of every kind, known and unknown, present and future, that I, or my minor child/ward on whose behalf I am signing may have against the Village and its officers, agents, servants, employees, insurers, related or affiliated individuals or entities, successors and assign arising out of, connected with, or in any way related to the Program or my minor child/ward's participation therein. **INDEMNITY AND DEFENSE:** I hereby further agree to indemnify and hold harmless and defend the Village and its officers, agents, servants, employees, insurers, related or affiliated individuals or entities, successors and assigns from any and all claims, lawsuits, demands, damages, liabilities, losses and expenses, including attorney's fees and administrative expenses, of every kind, known and unknown, present and future, arising out of, connected with, or in any way related to my or my minor child/ward's participation in the Program. **EMERGENCY CARE:** In the event of an emergency, I authorize the Village to secure, from any licensed hospital, physician and/or other medical personnel, any treatment deemed reasonable and necessary for myself and/or my minor child/ward's immediate care and agree that I will be responsible for payment for any and all such treatment rendered.

I have read and fully understand the above WAIVER & RELEASE OF ALL CLAIMS and execute it of my own free will and without any reservation whatsoever.

Signature of Participant or Guardian \_\_\_\_\_ Date Signed \_\_\_\_\_