Centennial Ice Rinks
2019 Season Pass Application

Name (last) _____ (first) _____
(Please Print) (Please Print)

Address _____

City, State _____ Zip Code _____

Phone (Home/Emergency): ( ) _____ E-mail _____

Passes issued to:

Name / Gender / D.O.B	Name / Gender / D.O.B
1.	5.
2.	6.
3.	7.
4.	8.

A family consists of up to two adults and dependent children through the age of 23 who reside at the same address.

I declare the above information to be true and correct. I understand that passes are non-transferable and non-refundable. I will provide proof of age and residency upon request. I agree to abide by all rules and present my pass when entering the facility.

Please read this form carefully and beware that in signing up and participating in this program(s), you will be waiving and releasing all claims for injuries you might sustain arising out of this program. As a participant in the program(s), I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or losses which I may sustain as a result of participating in any and all activities with or associated with such program(s). I agree to waive and relinquish all claims I may have as a result of participating in the program(s) against the Wilmette Park District and its officers, agents, servants, and employees. I do hereby release and discharge the Wilmette Park District and its officers, agents, servants, and employees from any and all claims from injuries, damage or loss which I may accrue to me on account of my participation in the program(s). I further agree to indemnify and hold harmless and defend the Wilmette Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program(s). I have read and fully understand the above Program Details and Waiver and Release of all claims. Waivers MUST be signed by Particpant(s) or their legal guardian.

Applicant's Signature _____ Date _____

Payment may be made by check payable to Wilmette Park District or by Credit Card.

Method of Payment: *(Circle one)* Cash Check Discover Visa Mastercard

Credit Card # _____

Exp Date: _____

Authorized Signature _____

Mail or Fax to:

Wilmette Park District, Centennial Ice Rinks
2300 Old Glenview Road, Wilmette, IL 60091
Fax: 847-256-8776 / Phone: 847-256-9666

New Fees Effective January 1, 2019

2019 Centennial Ice Rinks Season Pass Fees

Valid one year from date of purchase

Resident:		**Non-Resident:**	
Individual Pass	$97	Individual Pass	$129
2 Person Pass	$139	2 Person Pass	$195
3 Person Pass	$157	3 Person Pass	$225
4 Person Pass	$175	4 Person Pass	$255
Each Additional	$18	Each Additional	$30
Senior Citizen	$49		
In-Home Childcare Provider	$110		

Please Note:

**A family consists of up to two adults and dependent children through the age of 23 who reside at the same address.*

**Children, age 2 or older must have their own photo ID pass. To obtain a photo ID for your child, you will need to to show a copy of their birth certificate, or passport, as well as your driver's license when you bring them in for a photo.*

* ***Resident seniors*** *65 and older must apply in person with proper identification to receive the senior rate.*

* ***In-Home Child Care Providers*** *employed by Wilmette residents must apply in person on a separate application with a letter from their employer in order to purchase an ice pass at a reduced rate.*