

ACTIVITY CENTER APPLICATION FOR JUNIOR LEADER

Have you ever volunteered for Do you enjoy working with you	•			
Full Name:		A	Age:	
2024-2025 School Year Grade:	(Must be going	_ (Must be going in to 7 th grade or older)		
School you wish to volunteer a	t:1 st choice		2 nd choice	
Parent / Guardian:				
Mailing Address:				
	City:	State:	Zip:	
Telephone (Home):	(Wor	k):		
(Cell):				
We appreciate your willingness	s to assist with this v	worthwhile commun	ity program.	
***Remember that by signing the Activity Center le				
I recognize and acknowledge the participant in this program, and or loss regardless of severity whethis program. Further, I waive as have against the Park District an injuries, damages or loss which I child/ward in relation to his/hetinvolved is supervised or unsuperinjuries, death, or damages sustan Nothing in this release shall be in willful injury to person or proper release any claims for negligence I have read and fully understandard waiver and release of all claim. Signature of Parent/Guardian:	I agree to assume the ich I or my child/wand relinquish all claimed its officers, servant I or my child/ward relinvolvement with the ervised. I also agree ined in relation to mentended to release the rety, nor for any violate and/or non-willful and the above agree	e full risk of any suclard may sustain as a rans that I, my insurer, its, and employees from ay have or which may have or which to hold the Park District from the park District fro	n injuries, death, dand esult of involvement or my child/ward and all claim and any and all claim any accrue to me or a less whether the activation that the pro- vement with the pro- responsibility for frease is intended to a	nt with may ns for my vity ny ogram. raud or and
		Date:		