

## **ACTIVITY CENTER APPLICATION FOR JUNIOR LEADER**

Have you ever volunteered fo Do you enjoy working with you				
Full Name:		A	ge:	
2023-2024 School Year Grade	e:	_ (Must be going	g in to 7 <sup>th</sup> grade or old	ler)
School you wish to volunteer	at:1 <sup>st</sup> choice		2 <sup>nd</sup> choice	
Parent / Guardian:				
Mailing Address:	!			
	City:	State:	Zip:	
Telephone (Home):	(Work)	:		
(Cell):				
We appreciate your willingne	ss to assist with this wo	orthwhile commur	nity program.	
***Remember that by signification the Activity Center				
I recognize and acknowledge to participant in this program, and or loss regardless of severity we this program. Further, I waive have against the Park District a injuries, damages or loss which child/ward in relation to his/hinvolved is supervised or unsufinjuries, death, or damages sus Nothing in this release shall be willful injury to person or progrelease any claims for negligent I have read and fully unders waiver and release of all claims.	d I agree to assume the hich I or my child/ward and relinquish all claims and its officers, servants a I or my child/ward mater involvement with this pervised. I also agree to tained in relation to my e intended to release the perty, nor for any violation ce and/or non-willful or tand the above agreents.	full risk of any such may sustain as a rest that I, my insurer, and employees from the program, regardles hold the Park Dischild/ward's involutely park District from on of law. This rest non-criminal claim	th injuries, death, dame esult of involvement, or my child/ward mom any and all claims any accrue to me or mess whether the activitrict harmless for any vement with the programment in	with ay for y ty ram. ud or
Signature of Parent/Guardian:		_		
		Date:		