

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

Do you enjoy working with you				
Full Name:			Age:	
2021-2022 School Year Grade:		(Must be goin	ng in to 7 <sup>th</sup> grade o	or older)
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 willingness	to assist with this wor	thwhile commu	inity program.	
***Remember that by signing helping the Activity Center lea				
I recognize and acknowledge that participant in this program, and I or loss regardless of severity which this program. Further, I waive an have against the Park District and injuries, damages or loss which I child/ward in relation to his/her involved is supervised or unsuperinjuries, death, or damages sustain Nothing in this release shall be in willful injury to person or proper release any claims for negligence I have read and fully understar waiver and release of all claims.  Signature of Parent/Guardian:	agree to assume the furth I or my child/ward in difference and relinquish all claims to difference and child ward may involvement with this revised. I also agree to have a literal difference and to release the Pty, nor for any violation and/or non-willful or and the above agreement.	all risk of any sumay sustain as a chat I, my insure and employees fave or which a program, regard hold the Park D hild/ward's involved the Dark District from of law. This remon-criminal cla	ch injuries, death, result of involven er, or my child/wa from any and all cleas whether the a sistrict harmless for olvement with the m responsibility for elease is intended ims	damages, nent with rd may aims for or my ctivity r any program. or fraud or to and
		Date:		