

ACTIVITY CENTER APPLICATION FOR JUNIOR LEADER

Have you ever volunteered for Acti Do you enjoy working with young				
Full Name:		Age:		
2019-2020 School Year Grade:		(Must be goin	g in to 7 th grade	or older)
School you wish to volunteer at:	1 st choice		2 nd choice	
Parent / Guardian:				
Mailing Address:				
	City:	State:	Zip:	
Telephone (Home):	(Work):_			
(Cell):				
We appreciate your willingness to	assist with this wor	thwhile commu	nity program.	
***Remember that by signing up helping the Activity Center leade		-		
I recognize and acknowledge that the participant in this program, and I ago or loss regardless of severity which I this program. Further, I waive and rehave against the Park District and its injuries, damages or loss which I or child/ward in relation to his/her invinvolved is supervised or unsupervisinjuries, death, or damages sustained Nothing in this release shall be intensified injury to person or property, release any claims for negligence and I have read and fully understand waiver and release of all claims. Signature of Parent/Guardian:	ree to assume the further formy child/ward relinquish all claims to sofficers, servants, any child/ward may colvement with this ped. I also agree to he in relation to my childed to release the Ponor for any violation d/or non-willful or relation to my	Il risk of any such any sustain as a hat I, my insure and employees for which reprogram, regard hold the Park Dinild/ward's involute ark District from of law. This reconserved.	ch injuries, death result of involver, or my child/warom any and all comay accrue to me less whether the astrict harmless for livement with them responsibility felease is intended ims	, damages, ment with ard may claims for or my activity or any program. for fraud or to and
		Date:		