Thanksgiving 2020 Public

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Saturday 28 November 2020

All Times are Subject to Change

Day	Hours	Fees
Saturday	12:30-1:30 pm	\$6.00
Saturday	1:45-2:45 pm	\$6.00
Saturday	3:00-4:00 pm	\$6.00

COVID-19 Guidelines

Public skate sessions limited to 20 skaters.

Masks are required at all times, including while on ice skating.

Waiver must be completed for each skater.

No walk-ins. Registration must be completed in advance by email or phone.

No skate rental during this phase.

NO refunds once registered. No spectators allowed in building, only skaters.

Skaters will enter the building 5 minutes before session with skates on, no benches, locker rooms or rental skates during this phase.

Skaters must exit the building at the end of the session via the exit doors.

Social distance of six feet must be practiced on the ice.

Anyone violating any of the guidelines will be denied entry to the building.

Skaters are encouraged to bring hand sanitizer and not touch any surfaces while in the building.

IDPH Safe Sport Guidelines to be followed.

IceLand Ice Arena 8435 W. Ballard Niles, IL 60714 Phone: (847) 297-8010 Iceland@niles-parks.org



Niles Park District
Fitness, Family and Fun

www.facebook.com/NilesParkDistrictIceLand

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IceLand Ice Arena 8435 W. Ballard Road

Niles, IL 607	14	ı	ceLan	id Pi	iblic Skate Reg	istra	tion
Primary Househ	old Conta	oct:					
Address:							
City:			State:		Zip: email:		
Home Phone: (Work	Phone: ()		
Program Code	circle des	ired time	Day	Fee	Registrant's First & Last Name	Age	Birth Date
433222	1230 pm 145 pm		Sat 11-28	\$6.00			
Thanksgiving			Sat 11-28	\$6.00			
Public Skate	ic Skate 300 pm		Sat 11-28	\$6.00			
				\$			
Register for pub	lic skate:	Paymen	t Method:	\$	Total Fees		
By fax or en	nail	Visa					
No walk-ins o	r cash	Maste	r Card	None	Credit Card Information		ا ا
payment		Discov	er Card	1			
	Phone: (847) 297-8010			Signature	:	Amt.: \$	<u>}</u>
Fax: (847) 298-5768 Iceland@niles-parks.org		Card Nu		ber:			
icciand@nnes-p	di k3.016						
high regard. The No are designed to pro that there is an inh- your minor child/w	iles park Di tect the part erent risk of ard are phy	strict conti ticipants' s f injury wh sically fit:	inually strives to afety. However, p en choosing to p and/or adequately	reduce such participants a articipate in skilled for s, injury or in	rams and activities in a safe manner and hole risks and insists that all participants follow sa and parents/guardians of minors registering for recreational activities. You are solely respons- ice-skating activities. It is always advisable, inpairment, to consult a physician before under NG OF RISK	fety rules an or this progra sible for dete especially it	nd instructions that am must recognize ermining if you or f the participant is
tion, instruction, m back injury, wrist a of ice-skating is from behind), trip or instruction, hor	nedical advi- nd ankle fra risky, inclu- ping on irre- seplay, care	ce, condition ctures, and ding but no gular ice su lessness, po	ning and equipm other orthopedic t limited to slip a rfaces, cuts from oor technique, poo	al, mental an ent, there is s injuries to li nd falls, colli skate blades or conditioni	d emotional resources of the participant. Desp still a risk of serious injury, including but not l mbs and joints. All hazards and dangers canno iding with other players of varying degrees of , inadequate or defective equipment, ill-fitting ng, rule violations, striking a stationary object gard, it must be recognized that it is impossible	limited to he ot be foresee skill (includ skates, failu t, premises de	ad injury, neck or m. The very nature ling being struck are in supervision efects outside the
		W	AIVER AND RELE	ASE OF ALL	CLAIMS AND ASSUMPTION OF RISK		
assuming the risk a sustain as a result o services/vehicle op- programs/activities, child/ward or I may (or accrue to me or agents, volunteers a any and all claims f arising out of, conn	nd legal liab f participati eration, whe , and I volur sustain as a my child/wand employer or injuries, ected with,	pility and w ng in any a m provided ntarily agre a result of s ard) as a re ses (here-in damages, o or in any w	aiving and releas nd all activities of). I recognize and e to assume the fu aid participation, sult of participation after collectively r loss that my min ay associated wit	ing all claims onnected wit lacknowledg ill risk of any I further aging in all thes referred as nor child/was h these prog	cipating in the above identified programs/active for injuries, damages or loss which you or you hand associated with said programs/activities that there are certain risks of physical injury y and all injuries, damages or loss, regardless of ree to waive and relinquish all claims I or my the programs/activities against the Niles Park De District"). I do hereby fully release and foreward or I may have or which may accrue to me or rams/activities. If registering on-line or via faciliform signature. Additionally, by signing this	our minor ch (including to to participa of severity, to minor child/ district, includer der discharge or my minor of x, your on-line	nild/ward might transportation ants in these that my minor ward may have ding its officials, the District from child/ward and ne or facsimile

I have read and fully understand the above important, warning or risk, assumption of risk and waiver and release of all claims. PARTICIPATION WILL BE DENIED if the signature of adult participation or parent/guardian and date are not on this waiver. There will be NO MAKE-UPS for missed classes and NO REFUNDS issued after a class has started.

or at the District's parks. Please be aware that these photos are for Park District use only and may be used in the District's publications.

Staff Initials: Signature:

qualify for the rate charged (i.e. If resident rate was charged, I am/my children are residents of the Niles Park District). If this is proven untrue, I realize that my park district privileges may be suspended or revoked. Photos are periodically taken of participants in a class, during a special event



COVID 19 GUIDELINES AND WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in signing up and participating in this program you will be waiving and releasing all claims for injuries, illnesses and damages including COVID related symptoms while participating in this program.

Guidelines

The following guidelines shall apply to all Niles Park District activities while the State of Illinois remains in Phase 4 of Governor Pritzker's Restore Illinois program. The guidelines may be amended or updated from time to time by email notification based upon directives from State or local government or public health officials, guidance from other organizations or other events. New guidelines will be provided, and will be binding on all participants, upon the entry into Phase 4 of the Restore Illinois program. All participants must agree to comply with these or any other guidelines issued by the Niles Park District.

Any participant who is experiencing any COVID-19 symptoms, including but not limited to fever, aches or respiratory issues, are prohibited from participating in any Niles Park District activities.

Any participant who has been exposed to anyone having the COVID-19 virus or displaying symptoms of the COVID-19 virus, may not participate in any Niles Park District activities until they have been quarantined for at least fourteen (14) days without exhibiting any COVID-19 symptoms.

Any participant who learns they have contracted the COVID-19 virus after participating in any Niles Park District activity and who may have exposed other participants must notify the Niles Park District immediately.

All Niles Park District activities will be limited to 20 or fewer participants.

Players may share equipment and it will be sanitized after each session. All players must bring their own equipment.

Masks and other face coverings are encouraged when appropriate.

Practice activities shall be conducted in a manner reasonably designed to maintain social distancing where possible.

All participants should bring hand sanitizer to each activity. Sanitizer should be applied at the beginning, the end, and periodically during activities.

Participants should refrain from touching their faces during activities.

Participants must clean up after themselves at the end of the activity.

Participants may not consume snacks during the activity.

All participants should bring hand sanitizer to each activity. Sanitizer should be applied at the beginning, the end, and periodically during activities.

Participants should refrain from touching their faces during activities.

Participants must clean up after themselves at the end of the activity.

Participants may not consume snacks during the activity.

Masks must be worn at all times while in the building.

Waiver

- I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as of result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in all these programs/activities against the Niles Park District, including its officials, agents, volunteers and employees (here-in after collectively referred as the "District").
- I have read the COVID guidelines above and agree to comply with guidelines as they may be amended from time to time.
- I acknowledge the risk to have contact with individuals, who may have been exposed to and/or have been diagnosed with COVID-19 and it is impossible to eliminate the risk that the participant could be exposed to and/or become infected through contact or close proximity with an individual with COVID-19.
- I do hereby fully release and forever discharge the District from any and all claims for injuries, damages, sickness, illness or loss that my minor child/ward or I may have which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with any programs or activities.
- If registering on-line or via fax your on-line facsimile signature shall substitute for and have the same legal effect as an original form signature.
- Additionally by signing this form, I am certifying that I qualify for the rate charged (i.e. If resident rate was charged, I am/my children are residents of the Niles Park District). If this is proven untrue, I realize that my park district privileges may be suspended or revoked.
- Photos are periodically taken of participants in a class, during a special event or at the District's parks. Please be aware that these photos are for Park District use only and may be used in the District's publications.
- I have read and fully understand the above warning or risk assumption of risk and waiver and release of all claims.

PLEASE PRINT Participant's Name		_	
Participant's Signature Parent/Guardian)	(18 years or	older (<u>or</u>
<u>DATE</u>			