Barrington Park District Program Registration Form

PLEASE FILL OUT THIS FORM COMPLETELY AND MAIL OR FAX IT TO:
BARRINGTON PARK DISTRICT, 235 LIONS DRIVE, BARRINGTON IL 60010 FAX: 847-381-8794

Family Information ☐ In-District ☐ Out-of-District ☐ Out-of-District Member

Please print. Fill out the information below for your entire family; then list each participant separately in the Registration Information section.

Family (or primary guardian) Last Name | Father or Guardian First Name | Mother or Guardian First Name

Address | City | State | Zip

Home phone | Cell phone (State whose number) | Work phone (State whose number)

E-mail address

Alternate Name | Phone | Relationship

(In case of an emergency, an attempt will be made to contact a parent at home, at work and via cell phone. If a parent cannot be reached, the district will contact the alternate name listed above.)

Does a participant in your family require Americans with Disabilities (ADA) assistance or a one-on-one aid? ☐ YES ☐ NO
If yes, please request an additional form at the Park District Office.

Family Member Registration Information

Please list your first and second choice options for each class (if more than one section, date, or time is available). *Shirt size: Child S, M, L or Adult S, M, L, XL

Activity#	Sec.#	Program Name	Fee	Participant's First Name	Participant's Last Name	Sex M/F	Birth Date	Grade in Fall	Shirt* Size

Payment Information

Total Fee: _____ Circle One: VISA Master Card Cash Check (Check#: _____)

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Cardholder name (Please print) | Card # | Expiration date

Signature

WAIVER, RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT: By their very nature, many Park District programs involve body contact, substantial physical exertion, emotional stress and/or use of equipment which represents a certain risk. It is recommended that you check with your physician prior to participating in Barrington Park District activities. This includes the additional warning for aerobic activities. Aerobic exercise is an activity in which, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a substantial risk of injury. Dependent upon a person's physical condition, age and skill level, aerobics can involve a substantial risk of the following types of injuries. This list is by no means complete, but includes some of the more common ones: heart attack, stroke and circulatory problems, bone and joint injuries, back injury, shin splints, muscle strain and other muscle injuries, foot problems, head and neck injuries. I understand that the Barrington Park District does not provide insurance or protection against injuries sustained by program participants. Please read the following information carefully and be aware that in registering yourself or your minor child/ward for participation in the park district program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the program(s). I give permission for my child/ward/self to participate in this program, trip, or activity and hereby waive, release and forever discharge any and all claims against the Barrington Park District or School District, its commissioners, employees, and volunteers for damages and/or injuries to the registrant, which may arise from participation in Barrington Park District programs.

I HAVE READ AND FULLY UNDERSTAND THE WAIVER and understand my signature, or my guardian's signature if I'm under 18, is required to take part in Park District programs.

Signature of parent/guardian or adult participant | Date

Waiver required! For insurance purposes, Park District programs and activities require a signed waiver. Patrons WILL NOT be able to participate in classes or programs if the waiver is not signed.