

Program Transfer Request Form



PLEASE FILL OUT THIS FORM COMPLETELY AND DROP IT OFF, E-MAIL, MAIL OR FAX IT TO:

Address: Barrington Park District, 235 Lions Drive, Barrington, IL 60010
Fax: (847) 381-8794. If faxing this form, please call (847) 381-0687 to confirm receipt.
Email: registration@barringtonparkdistrict.org

Date Received: _____ By: _____

- 1. A request for a transfer must be received a minimum of five business days prior to the first day of the program.**
- 2. Refunds for a difference in fees will be mailed to the primary guardian on account via check.**
3. A full refund or option to transfer will be given if the Park District cancels a program.
4. All transfers must be approved by the program Supervisor.

Parent/Guardian (Last name) _____ Parent/Guardian (First name) _____

Address _____ City _____

Phone _____ E-Mail _____

Reason for Transfer Request _____

CURRENTLY ENROLLED IN		TRANSFERRING INTO	
Participant #1 Name	Actv.#/Sec.#/Program Name	Actv.#/Sec.#/Program Name	New Program Fee
Participant #2 Name	Actv.#/Sec.#/Program Name	Actv.#/Sec.#/Program Name	New Program Fee

ONLY if there is a difference in fees between programs (check one):

_____ Credit My Barrington Park District Household Account

_____ Issue Me a Refund (All refunds will be mailed to the primary guardian on account via check)

Transferred Activity Payment (if Applicable)

Total Fee: _____ Payment Method: Check One: VISA Master Card Discover American Express Cash Check (#: _____)
 (_____) (_____ / _____)

Cardholder Name (Please Print) _____ Card # _____ Expiration Date _____

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.

BARRINGTON PARK DISTRICT PHOTO RELEASE: I understand that my child/ward or I may be photographed or videotaped while participating in a Barrington Park District program or special event. I give my permission for photos and videotapes of my child/ward or myself to be used to promote the Barrington Park District. Such photos and videotapes will remain the property of the Barrington Park District.

I HAVE READ AND FULLY UNDERSTAND THE WAIVER, warning of risk, assumption of risk and waiver and release of all claims. I understand my signature, or my guardian's signature if I'm under 18, is required to take part in Park District programs. If submitting this form electronically, my electronic signature shall substitute for and have the same legal effect as an original form signature.

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.

For Office Use Only Transfer Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes (Prorated) Program Amount Paid _____ # of Classes Attended (Dollar Amount) _____ Cost of Transferred Program _____ Less Service Fee (10%) \$ _____ Total Refund/Amount Due \$ _____ Supervisor Signature _____ Date Submitted _____ Refund Entered By _____ Date Entered _____
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