

### ***What to Bring to Registration:***

- Registration Form & Payment
- Payment for suit, goggles and swim caps.
- Chaperone Deposit for each family is \$100.00 in form of a check. No credit cards or cash accepted for deposit.
- Emergency/Pick-Up Information Form

### **UNIFORM INFORMATION:**

Each will need to purchase a suit. These suits will be distributed at our Mock Meet along with t-shirts to the first 100 participants. The manufacturers are not making two year suits any more so new suits need to be purchased each year.

All hair below the chin and eyebrows need to wear a swim cap and worn out of the face.

### **IMPORTANT DATES**

**• PRACTICE STARTS JUNE 15 AND GOES THROUGH JULY 25.**

#### **• WEEK OF JULY 4 NO CLASSES!!!!**

- |  |                   |           |
|--|-------------------|-----------|
| • MOCK MEET  | Friday June 12    | 5:00 P.M. |
| • Schaumburg@ BPD                                    | WEDNESDAY JUNE 17 | 5:00 P.M. |
| • Hawthorn Woods @BPD                                | TUESDAY JUNE 24   | 5:00 P.M. |
| • BPD @ Hawthorne Woods                              | MONDAY July 8     | 5:00 .PM. |
| • BPD@ So. Barrington                                | July 15           | 5:00 P.M. |
| • S. BARRINGTON @ BPD                                | WEDNESDAY JULY15  | 5:00 P.M. |
| • Conference Meet All Teams<br>Fremd H.S. (6-2 p.m.) | WEDNESDAY JULY 25 | 6:00 A.M. |
| • PICTURE DAY  | Tuesday June 22   | 7:00 A.M. |
| • BANQUET  | Tuesday JULY 28   | 7:00 P.M. |

5:00 p.m. Warm up for home team
5:30 p.m. Warm up for visiting team
6:00 p.m. Meet start time

# Barrington Park District Program Registration

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
(In case parent/guardian cannot be reached)

In-District       Out-of District       Out-of-District Member

**ADA**      Does the participant require accommodations or assistance?      Yes      No  
 If yes, please ask registration desk for an additional form.

**Email** (Please Print Clearly) \_\_\_\_\_  
**Please be sure we have your most current and active e-mail. We will only use e-mail for distributing information regarding programs.**

**PLEASE WRITE ONLY ONE NAME PER LINE.**  
 Summer Camps.

*\*Swim Team, Cheerleading, Knothole, MightyMights,*

Activity #	Sec. #	Program Name	Fee	Participant's First Name	Participant's Last Name	Sex M/F	Birth Date	Grade In Fall	*Shirt Size
104732	01	StingRays Swim Team 5-6 years							
	02	StingRays Swim Team 7-8 years							
	03	StingRays Swim Team 9-10 years							
	04	StingRays Swim Team 11-12 years							
	05	StingRays Swim Team 13-up							

Total Fees: \$ \_\_\_\_\_ Method of Payment:     Cash     Check     Credit Card

Credit Card:     MasterCard     Visa                      Check # \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date on Card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Waiver for Participant**

In consideration of you accepting my entry, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the above Park District or school district and its representatives, successors and agents for any and all injuries suffered by myself or my child at any activity sponsored by these groups.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## *Emergency Form & Pick-Up Information*

### **EMERGENCY INFORMATION:**

Child's Name: \_\_\_\_\_ Age Group: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone

H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

### **Special Medical Needs of**

Child: \_\_\_\_\_

Allergies: \_\_\_\_\_

Physician's

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **In Case of Emergency Please Contact:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Incase of emergency, I hereby give the Barrington Park District the authority to care for my child and take whatever steps necessary due to a medical emergency or injury. I understand that the Barrington Park District will make every attempt to contact me if such an incident should occur.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to

Child: \_\_\_\_\_

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**PICK-UP INFORMATION:**

**OTHER ADULTS WHO CAN PICK UP YOUR CHILD (if someone not listed on this form needs to pick-up your child from a meet please give a written consent letter to the coaches. Thank you.):**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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**Waiver for Participant**

In consideration of you accepting my entry, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the above Park District or school district and its representatives, successors and agents for any and all injuries suffered by myself or my child at any activity sponsored by these groups.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_