



High School Ski Club Registration/Waiver Form

Parent/Guadian's Last Name _____ Parent/Guadian's First Name _____

Address _____

City _____ State _____ Zip _____

Phone (H) _____ Phone (W) _____ Cell Phone _____

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

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

Email (Please Print Clearly) _____
Important Ski Club Trip Information will be emailed before each trip.

PLEASE WRITE ONLY ONE NAME PER LINE.

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

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: _____

All Registration forms must be received no later than the Wednesday before the Scheduled Trip:

Barrington Park District, 235 Lions Dr., Barrington, IL 60010, or FAX your registration to 847-381-8794