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

Phone (H) | Phone (Cell) (State whose number) | Phone (Work) (State whose number)

E-mail (so that we may e-mail you of program changes; we will not share your e-mail)

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

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

Below, register each member of your family for each class. 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 _____ **Method of Payment:** ☐ **Cash** ☐ **Check#**_____ ☐ **Credit Card (circle one): VISA or MC**

( ) / / ( )

Account # | Expiration Date | Security Code

Cardholder Name (please print) | Authorized Signature | Date

Waiver for Participation

In consideration of your accepting my entry, I hereby for myself, my child, my heirs, executors and administrator, waive and release any and all right sand 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