



Barrington Park District Preschool

LUNCH BUNCH & EXTENDED Day "Drop-in" Registration Form

Child's Name: _____ Classroom: _____ Today's Date: _____

- Daily Fee: \$10.00 3's/4's Classroom Lunch Bunch
 \$5.00 Pre-K Classroom Lunch Bunch
- \$25.00 3's/4's Classroom Extended Day (includes Lunch Bunch)
 \$20.00 Pre-K Classroom Extended Day (includes Lunch Bunch)

Lunch Bunch Time: After Preschool Class until 12:30p.m.
Extended Day Time: After Preschool Class until 2:00pm

Number of Days attending: _____ X Daily Fee \$ _____ = \$ _____

Date(s) Attending: _____

PAYMENT INFORMATION

Amount Enclosed \$ _____ CASH CHECK #: _____ CREDIT*
Checks made payable to: Barrington Park District

***PLEASE NOTE:** We CANNOT use the card "on file" for monthly auto payment for daily drop-in fees. For security purposes we cannot view the card information.

Credit Card: MasterCard Visa Discover

Name on Credit Card: _____

Credit Card Number:

4- Digit 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. 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: _____ **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.