



REGISTRATION FORM 2023/2024

Registration Deadline: November 1, 2023

Office Use Only

Date: _____

Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____

Email (PLEASE PRINT CLEARLY): _____

Please be sure we have your most current/active email address, it will be used to send out important program updates.

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

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

Participant's First Name: _____ Participant's Last Name: _____

Birth Date: _____ Grade in 2023/2024: _____ Gender (M/F): _____

Squad (check one): ☐ MINI (Grades 1 - 3) ☐ YOUTH (Grades 4 - 6) ☐ TINY (3½ - 5 Years)
Actv.# 305281 Sec.# 01 Sec.# 02 Sec.# 03

No Class Dates: TINY - 11/21, 12/26, 1/2, 3/26 MINI/YOUTH - 11/23, 12/28, 1/4, 3/28

Participant's First Name: _____ Participant's Last Name: _____

Birth Date: _____ Grade in 2023/2024: _____ Gender (M/F): _____

Squad (check one): ☐ MINI (Grades 1 - 3) ☐ YOUTH (Grades 4 - 6) ☐ TINY (3½ - 5 Years)
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Participant's First Name: _____ Participant's Last Name: _____

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EFT/REGISTRATION/UNIFORM PAYMENT AUTHORIZATION & WAIVER

EFT/CREDIT CARD INFORMATION

Credit Card (check one): ☐ MasterCard ☐ Visa ☐ Discover

Name on Credit Card: _____

Credit Card Number: _____ 4-Digit Expiration: _____

Amount Charged Per Month via EFT:

MINI/YOUTH \$107/\$134 x 7 Months (11/2/23 - 5/16/24) **Total: \$749/\$938**

TINY \$66/\$82 x 7 Months (11/7/23 - 5/14/24) **Total: \$462/\$575**

**Additional NON-REFUNDABLE Fees (per participant): \$40 Registration Fee
\$150 Uniform Fee**

REGISTRATION/UNIFORM PAYMENT INFORMATION

Charge Credit Card Above for Registration and Uniform Fee (check one): ☐ Yes ☐ No

Pay by Check/Cash for Registration and Uniform (if checked no above): ☐ Cash ☐ Check: _____

This form authorizes the Barrington Park District's administrator to charge the monthly XStatic Poms tuition due, for the above named child(ren), on a monthly basis, to the above indicated credit card starting on November 1, 2023 and then on the 1st of each consecutive month through May 1, 2024. A \$25 LATE FEE APPLIES IF PAYMENT IS DECLINED AND NOT PAID BY THE 15TH OF THE MONTH.

Authorized Signature: _____ Date: _____

PROGRAM/FINANCIAL AGREEMENT

Please read carefully and initial next to each of the items followed by your signature and date.

_____ I understand and agree that monthly tuition payments are due on the 1st of the month.

_____ I understand that there are no refunds or pro-rating of any fees for any reason other than medical accompanied by a doctor's note.

_____ Additional practices may be added prior to performances. I understand there is no additional charge for additional practices.

_____ Practices may be cancelled due to holidays or inclement weather and no refunds will be given.

_____ I understand that I am required to put a Debit/CC on file for tuition charges.

_____ I understand that I am subject to a late fee charge of \$25.00 after the 15th of the designated month. Excessive tardiness in payments will be grounds for my child not performing.

_____ In the event that an athlete must resign from a team, by signing this contract; I am solely responsible for tuition fees and that all fees are non-refundable and non-transferable.

_____ I understand that my uniform WILL NOT be ordered until I pay in full. I also understand that my uniform is custom made and therefore cannot be cancelled once ordered through the third party vendor. I understand that if my athlete chooses to leave the time after my uniform has been ordered, Xstatic will contact me to pick up the uniform, but Xstatic is not responsible for selling my uniform.

I understand and agree to the above program/financial policy:

Authorized Signature: _____ Date: _____

WAIVER, RELEASE, OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT

XSTATIC POMS: BARRINGTON PARK DISTRICT, 235 LIONS DRIVE, BARRINGTON IL 60010

Participant's Full Name: _____ Date: _____

Best Phone Number to Reach Parent/Guardian: _____

Squad (check one): ☐ MINI ☐ TINY ☐ YOUTH

Participant's Full Name: _____ Date: _____

Best Phone Number to Reach Parent/Guardian: _____

Squad (check one): ☐ MINI ☐ TINY ☐ YOUTH

Participant's Full Name: _____ Date: _____

Best Phone Number to Reach Parent/Guardian: _____

Squad (check one): ☐ MINI ☐ TINY ☐ YOUTH

PLEASE READ THIS FORM CAREFULLY AND BE AWARE THAT IN SIGNING UP AND PARTICIPATING IN THE ABOVE PROGRAM, YOU WILL BE WAIVING AND RELEASING ALL CLAIMS FOR INJURIES ARISING OUT OF THIS PROGRAM THAT YOU OR THE ABOVE PARTICIPANT MIGHT SUSTAIN. THE TERMS "I", "ME" AND "MY" ALSO REFER TO THE PARENTS OR GUARDIANS AS WELL AS THE PARTICIPANTS IN THE PROGRAM. IN REGISTERING FOR THE PROGRAM YOU ARE AGREEING AS FOLLOWS:

As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risks of any injuries, including death, damages or loss that I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such program. I further recognize and acknowledge that all athletic activities Involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risk of injury.

I agree to waive and relinquish any and all claims I may have as a result of participating in the program against the Barrington Park District, any and all other participating or cooperating governmental units, any and all independent contractors, officers, agents, servants and employees of the governmental bodies and independent contractors, and any and all other persons and entities, of whatever nature, that might be directly or indirectly liable for any injuries that I might sustain while participating in the program. (The parties described in the preceding sentence are referred to as "released parties" in the remainder of the Agreement.)

I do hereby fully release and discharge the Barrington Park District and any and all other released parties from any and all claims resulting from injuries, including death, damages and losses sustained by anyone, and arising out of, connected with or in any way associated with, my conduct and the activities of the program.

I further understand and agree that the terms such as "participation", "program" and "activities", referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in the program, and further include the provision of or failure to provide proper instruction or supervision, the use and adjustment of any and all machinery, equipment and apparatus and anything related to my use of the services, facilities or premises involved in the program.

I understand the nature of the program for which I am registering, and have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisements or warnings of the particular risks of this program that I subsequently receive will be incorporated by reference into and become a part of this Agreement.

ADDITIONAL WARNINGS FOR AEROBICS 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.

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. 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 Barrington Park District.

I have read and fully understand the above risk warnings of the program. I understand that the Barrington Park District does not provide insurance or protection against injuries sustained by program participants, and I fully accept the risk of injury. If submitting this form electronically, my electronic signature shall substitute for and have the same legal effect as an original form signature.

Authorized Signature: _____ Date: _____

**Participation will be denied if the signature of the parent/guardian or adult participant and date are not on this waiver.
DO NOT CUT OR ALTER WAIVER IN ANY WAY.**