

South Barrington Park District Registration Form

WAIVER, RELEASE OF CLAIMS AND ASSUMPTION OF RISK SOUTH BARRINGTON PARK DISTRICT • READ CAREFULLY

Please read this form carefully and be aware that, in participating in the program(s) below, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this registration. I recognize and acknowledge that there are certain risks of physical injury, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of participation. I further agree to waive and relinquish any and all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in any programs or activities against the SOUTH BARRINGTON PARK DISTRICT, including its officials, agents, volunteers and employees. I have read and fully understand the above warning of risk, assumption of risk, waiver and release of all claims. If participant is under the age of 18, a parent or custodial parent or guardian MUST SIGN. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature. I understand the nature of the program for which I am registering and have read and fully understand this Waiver, Release of Claims and Assumption of Risk.

Waiver Signature	Date
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FAMILY LAST NAME	DATE	
Street Address	City	Zip
Home Phone	Other Phone	
Email Address		
Residency Status (MUST CHOOSE ONE):	<input type="checkbox"/> South Barrington Resident	<input type="checkbox"/> Non-Resident
Membership Status (MUST CHOOSE ONE):	<input type="checkbox"/> South Barrington Club Member	<input type="checkbox"/> Non-Member <input type="checkbox"/> Daycare Family
<input type="checkbox"/> Special Needs: Check this box if any accommodations are needed for succesful inclusion into the programs listed below. Describe the needs below:		

Please see cancellation policies on page 50 of the park district brochure. There is a \$10 fee for each class cancellation or change.

Name of Participant	Age	Class Code	Program Name	Fee

PAYMENT METHOD:

Cash
 Check # _____
 South Barrington Club House Charge Account # _____

Credit Card (Visa, MasterCard, American Express) Account # _____

Expiration date ____ / ____ Security Code _____

Signature authorizing payment _____ Date: _____

Mail to South Barrington Park District, 3 Tennis Club Lane, South Barrington, IL 60010
Fax to (847) 381-2824 • Register on-line at www.sbpd.net.
Phone inquiries: (847) 381-7515 • Please note registrations are not accepted over the phone.