



**BEFORE/AFTER SCHOOL RECREATION
REGISTRATION PAPERWORK
WINTER 2021**

1. Complete this registration form and sign the waiver.
2. Read and sign the Cancellation Policy.
3. Full Payment is required at the time of registration.

REGISTRATION FORM

Parent/Guardian Name: _____

Child's Name: Last: _____ First: _____

Age: _____ Birthdate: _____ Grade: _____ Gender: _____

Address/City/Zip: _____

Phone #'s

Home: _____ Work: _____ Cell: _____

Email address/es: _____

Winter 2021 BSR/ASR - Program Options

Dates: January 11-March 26, 2021 (11 weeks)

NO ASR & BSR: Jan. 18, 29 Feb. 15, 26 March 19

Location: Centennial Elementary School

Before School Recreation:

<u>ID#</u>	<u>DAY</u>	<u>TIME</u>	<u>FEE</u>	<u>CHECK DAYS</u>
40481-02	TUES	7:00-8:30AM	\$121.00	<input type="checkbox"/>
40481-03	WED	7:00-8:30AM	\$121.00	<input type="checkbox"/>
40481-04	THUR	7:00-8:30AM	\$121.00	<input type="checkbox"/>
40481-05	FRI	7:00-8:30AM	\$88.00	<input type="checkbox"/>

After School Recreation:

<u>ID#</u>	<u>DAY</u>	<u>TIME</u>	<u>FEE</u>	<u>CHECK DAYS</u>
40480-02	TUES	12:30-5:30PM	\$286.00	<input type="checkbox"/>
40480-03	WED	12:30-5:30PM	\$286.00	<input type="checkbox"/>
40480-04	THUR	12:30-5:30PM	\$286.00	<input type="checkbox"/>
40480-05	FRI	12:30-5:30PM	\$208.00	<input type="checkbox"/>

Registration Waiver & Release

The Bartlett Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Bartlett Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the below listed programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slip and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities exist. In this regard, it must be recognized that it is impossible for the Bartlett Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, 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 these programs (including transportation services and vehicle operations, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs against the Bartlett Park District, including its officials, agents, volunteers and employees.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. 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.

Participant's Name _____ Date _____

Participant's Signature (18 years or older or Parent/Guardian)
Signature is required for participation.

Payment Options and Cancellation Request Policy

Select one of the payment options:

PAY IN FULL at time of registration

Account Holder's Name _____ Date _____

Credit Card Number _____ Exp. Date _____ CID _____

Initial _____ **A \$25 fee is charged for each bank refused payment or credit card decline**

BSR/ASR Request of Cancellation Policy

- Once registered, all deposits are non-refundable and non-transferable for any reason, including enrollment elsewhere.
- There are no refunded, credit or transferable funds available.
- The Bartlett Park District reserves the right to review and make final decisions on all cancellation requests.

I have read in full, understand and agree to the above BSR/ASR Cancellation Request Policy.

Signature Required: _____ Date: _____

Special Accommodations/A.D.A

Please list any medications that need to be dispensed at programs, allergies or describe special modifications needed for successful inclusion into the program(s). A two week notice is recommended.

****PLEASE SUBMIT THIS FORM TO THE ASR SITE SUPERVISOR ON THE FIRST DAY YOUR CHILD ATTENDS****
*****DO NOT LEAVE THIS FORM WITH THE REGISTRATION COUNTER*****

**Before/After School
Recreation (BSR/ASR)
Emergency Information Form**

In order for the BSR/ASR Staff to meet the needs of your children please complete the following information. Participants

Name: _____ Nickname: _____

Age: _____ Gender: _____ Birth date: _____ Grade: _____

Home Address: _____

E-mail: _____

Mother's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Father's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

In case of emergency when parents are not available please call: _____

Relationship: _____ Cell Phone: _____

Please list any allergies (seasonal, food, medicines) we should be aware of: _____

My child will be picked up daily by: _____

The following people have permission to pick up my child:

Names: _____

Is there anyone that is restricted from picking up your child from ASR? Yes No

Name: _____ Relationship: _____

In the interest of safety, BSR/ASR Staff may require to see a photo ID from the person picking up before allowing your child to leave. If someone other than yourself is picking your child up please advise that they may be asked to show a photo ID. Please do not be offended by this request.

Parent/Guardian Signature: _____ Date: _____