



BEFORE & AFTER SCHOOL RECREATION REGISTRATION PAPERWORK – Winter 2022

1. Complete this registration form and sign the waiver.
2. Read and sign the Cancellation Policy.
3. Pick a payment method – full payment, Electronic Funds Transfer (EFT) from checking account or credit card
 - a) For EFT: pay \$50 down-payment **per child/per session**.
 - a. Complete the EFT form enclosed.
 - b. To be included in that month's EFT process, registrations need to be received before the 10th of the month.
 - c. Submit a voided check or credit card information.

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: _____



Program Options

Winter Program Dates: January 4 - June 7* *If all 5 emergency days are used*

No ASR & BSR: Jan. 17 & 28, Feb. 21 & 25, March 15, March 28-April 1, April 15, May 6 & 30

Location: Held at Centennial Elementary School

Before School Recreation:

<u>ID#</u>	<u>DAY</u>	<u>TIME</u>	<u>FEE</u> On or Before 12/28	<u>FEE</u> After 12/28	<u>CHECK DAYS</u>
40481-01	MON	6:45-8:30AM	\$204	\$229	<input type="checkbox"/>
40481-02	TUES	6:45-8:30AM	\$240	\$265	<input type="checkbox"/>
40481-03	WED	6:45-8:30AM	\$240	\$265	<input type="checkbox"/>
40481-04	THUR	6:45-8:30AM	\$240	\$265	<input type="checkbox"/>
40481-05	FRI	6:45-8:30AM	\$192	\$217	<input type="checkbox"/>

After School Recreation:

<u>ID#</u>	<u>DAY</u>	<u>TIME</u>	<u>FEE</u> On or Before 12/28	<u>FEE</u> After 12/28	<u>CHECK DAYS</u>
40480-01	MON	2:30-6PM	\$323	\$348	<input type="checkbox"/>
40480-02	TUES	2:30-6PM	\$380	\$405	<input type="checkbox"/>
40480-03	WED	2:30-6PM	\$380	\$405	<input type="checkbox"/>
40480-04	THUR	2:30-6PM	\$380	\$405	<input type="checkbox"/>
40480-05	FRI	2:30-6PM	\$304	\$329	<input type="checkbox"/>

Before & After School Recreation (COMBO PACKAGE):

<u>ID#</u>	<u>DAY</u>	<u>TIME</u>	<u>FEE</u> On or Before 12/28	<u>FEE</u> After 12/28	<u>CHECK DAYS</u>
40482-01	MON	BSR & ASR	\$391	\$416	<input type="checkbox"/>
40482-02	TUES	BSR & ASR	\$460	\$485	<input type="checkbox"/>
40482-03	WED	BSR & ASR	\$460	\$485	<input type="checkbox"/>
40482-04	THUR	BSR & ASR	\$460	\$485	<input type="checkbox"/>
40482-05	FRI	BSR & ASR	\$368	\$393	<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**
- MONTHLY ELECTRONIC TRANSFER (EFT) From Checking Account (include voided check)**
- MONTHLY ELECTRONIC TRANSFER (EFT) From Credit Card (fill out the information below)**

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

Initial _____ I understand that I am responsible for updating payment information if I change banks, or credit card is lost/stolen/expired. A \$25 service fee will be charged if payment information isn't updated by the 15th of the month.

The EFT is processed on the 16th of each month. Monthly payment amounts vary depending on the number of days per week a participate will attend and the date the registration is received.

EFT Processed	Payment Covers
December 16	January
January 16	February
February 16	March
March 16	April
April 16	May

DEPOSIT

\$50 Deposit **per child/per session** Paid By: CASH CHECK CREDIT CARD (circle one)

V/MC/DISC/AMEX _____ / _____ / _____ / _____ Exp: _____ Security #: _____

ASR & BSR 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 ASR & BSR 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 necessary for successful inclusion into the program(s). A two-week notice is recommended.

****DO NOT COMPLETE THIS FORM IF PAYING IN FULL****

Electronic Funds Transfer Payment Plan Request and Agreement

Important note: Participation in the EFT and the dollar amount of the billing depends upon the date the registration form is received and the program's cost. All EFT's are processed on the 16th of the month.

Registrations received before the 10th of the month will be billed for all programs beginning the following month (unless stated otherwise in the program payment description).

Registrations received after the 10th of the month must pay for all programming occurring during that same month.

1. Complete and submit this form to the Registration Counter.
2. Attach this form to the Registration Form
3. Make the appropriate down payment
4. Attach a voided check or credit card information

Parent/Guardian's Name: _____

Child's name(s): _____

Minimum deposit - \$50 per/child/per session \$ _____

Only completed registrations received accompanied by down payment, voided check, or credit card information before the 10th of the month are eligible to participate.

I agree to pay a \$3 per month non-refundable EFT service charge that will be billed monthly. I further agree to pay a \$25 service charge for each electronic check or credit card decline. In the event I change or close my checking account or credit card, I agree to supply the Registration Office, in writing, with my new information no less than 5 days before the next EFT scheduled payment. Should I no longer have a qualified checking account or credit card, I agree to pay all outstanding balances in full immediately.

I agree further to the Bartlett Park District's cancellation and transfer policy of 7 or more working days in advance and understand that the EFT program's cancellations need to be submitted in writing before the 10th of the month.

Signature of Checking Account Holder

Date

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

Before & After School Recreation Emergency Information Form

For staff to meet the needs of your child/ren, 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, 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: _____