

Addison Park District Youth Athletic Registration Form

Season _____ 20 _____ Program _____

Participant Information:

Participant's Name: _____ Male _____ Female _____

Date of Birth: _____ Age: _____ Grade: _____ **Soccer Only (circle one):** U6 U8 U10 U12 U14

How many years of experience does child have playing this sport: _____

Parent/Guardian's Name: _____

Address/City/Zip: _____

Cell Phone: _____ Email (required): _____

Emergency Contact:

Name: _____ Phone: _____

Relationship to participant: _____

Uniform Ordering:

Basketball and T-Ball Leagues:

Jersey (circle one):

Youth: YXS(4-5) YS(6-8) YM(10-12) YL(14-16)

Adult: AS AM AL AXL 2XL

Soccer League:

Required soccer uniforms can be ordered at Euro Sports Gear at 603 Stratford square mall, Bloomingdale, IL, 60108
(please allow at least 1 week to process order)

Practice Times (Not Guaranteed):

It is best if my child practices these days: (circle at least 3)

Monday

Tuesday

Wednesday

Thursday

Friday

VOLUNTEER COACHES NEEDED!!!!

Yes, I would like to be the HEAD COACH
of my child's team.

Yes, I would like to be the ASSISTANT COACH
of my child's team.

Name: _____

Name: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

PLEASE NOTE: FRIENDSHIP OR CAR POOL REQUESTS ARE NOT GUARANTEED

IMPORTANT INFORMATION

The Addison Park District is committed to conducting its recreation programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their child in recreation programs must recognize however, that there is an inherent risk of injury when choosing to participate in recreation activities. The Addison Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

Please recognize that the Addison Park District does not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the insurance coverage does not make the Addison Park District automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining insurance, the agency providing liability coverage for the District requires the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware in registering your child or ward for participation in this program you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program.

As a parent/guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, (including death) damages or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with, or in any way associated with the activities of the program.

I agree to waive and relinquish all claims I or my minor child/ward may have as results of participating in the program against the District and its officers, agents, servants and employees.

I do hereby fully release and discharge the District and its officers, agents, servants and employees from any and all claims from injuries, (including death), damages or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program.

I further agree to indemnify and hold harmless and defend the District and its officers, agents, servants and employees from any and all claims from injuries, (including death), damages and losses sustained by me or my minor child arising out of, connected with or in any way associated with the activities of the program.

In the event of any emergency, I authorize District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above Program Details, Waiver and Release of All Claims and Permission to Secure Treatment.

Child/Ward's Name: (please print) _____

Parent/Guardian Signature: _____

Date: _____

OFFICE USE ONLY

TRANSACTION # _____ CODE: _____ AMOUNT PAID \$ _____ EMPLOYEE INITIAL _____