

Friend Request: _____
(One request only)



2400 _____

Downers Grove Park District 2011 Fall Soccer Player Registration Form

Player's Name: _____
(LAST) (FIRST) (PRIMARY EMAIL ADDRESS)

Address: _____
(STREET) (TOWN) (ZIP)

(PARENT/GUARDIAN CONTACT) (HOME PHONE) (WORK PHONE)

School Attends: _____ Grade: _____ Birthdate: _____ Gender: M / F

Early Registration: Resident Fee: \$60* Non-Resident Fee: \$90*

After June 27th: Resident Fee: \$75 Non Resident Fee: \$105

***EARLY REGISTRATION DEADLINE IS MONDAY, JUNE 27th, 2011
REGISTRATION DEADLINE IS MONDAY, JULY 11th, 2011**

League Information: Practices begin the week of August 8th, 2011.
Game dates are August 20th – October 15th (No game September 3rd)
The Park District will determine practice and game sites at a later date.

This "WAIVER AND RELEASE OF ALL CLAIMS" must be signed by all participating adults and/or one parent or custodial parent or guardian of children under 18 years of age. Without the proper signatures, your registration cannot be processed and will be returned to you.

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 the above identified programs/activities, 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 said programs/activities (including transportation services/vehicle operation, when provided).

The Downers Grove Park District (herein collectively referred to as "the District") is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participant's safety. However, participants and parents/guardians of minors registering for this program 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 adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, suffers from an underlying medical condition, or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, 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/activities against the District, including its officials, agents, volunteers and employees.

Photography/ videotaping waiver

Photographs and videos are taken by park district staff to use for promotional purposes. By registering for a program, attending an event or using a park district facility, you have granted us permission to use your image for promotional purposes.

Signature Required

I have fully read and understand the waiver and release of all claims on this page and the new refund policy. This waiver form is completed and signed of my own free will.

PLEASE SIGN HERE. All adult participants must sign; and one parent or custodial parent or guardian must sign if participant is under the age of 18 years.

Signature _____ Date _____

Circle Method of Payment: Check # Cash MC Disc Visa AMEX

Cardholder Name: _____ Amount \$ _____

Card # _____ Expiration Date _____

Authorized Signature _____

The Downers Grove Park District strives to comply with the 1990 Americans With Disabilities Act (ADA). Please indicate if this member of your family needs special assistance or accommodations to participate in programs: YES NO