



**BUFFALO GROVE PARK DISTRICT
YOUTH SPORTS REGISTRATON
() Flag Football**

Code _____
Dates: ____ to ____, 2020
Office Use Only

PLEASE PRINT

Child's First Name: _____ Last Name: _____ Gender: _____
Street Address: _____ Town: _____ 600 _____
Home Phone: _____ Grade: _____ Date of Birth: _____
Parent's Name: _____ Parent's Name: _____
Parent's Cell#: _____ Parent's Cell#: _____
Parent's Email: _____ Parent's Email: _____
Alternate Contact Person: _____ Phone: (_____) _____

Please list medical allergies, illness or any ADA accommodations needed: _____

Circle at least three weekdays that the child can practice: **Mon** **Tues** **Wed** **Thurs** **Fri**
Can child practice on Saturday (Soccer only)? **Yes** or **No**
School child attends: _____ Has your child played this sport on an organized team? **Yes** or **No**
Last season child played and where: _____ Coaches Name: _____

CAN EITHER PARENT VOLUNTEER AS A HEAD OR ASSISTANT COACH?
NAME: _____ HEAD or ASSISTANT (check one)

UNIFORM ORDERS

Player uniform may require an additional fee. Fees listed separately. Circle your size choice(s).

FLAG FOOTBALL UNIFORM

Jersey: YS YM YL
 AS AM AL AXL

I have read the waiver on the reverse side of this form and understand that my signature is required in order to participate in Buffalo Grove Park District programs (must be 18 years old to sign). It is valid for the program dates as noted of this form.
SIGNATURE (Parent/Guardian): _____ DATE: _____

FRIENDSHIP OR CAR POOL REQUEST WILL NOT BE HONORED

TOTAL PAYMENT \$: _____ () CHECK#: _____ () CASH
() AMEX/VISA/MC/DISCOVER#: _____ Exp Date: _____ Approval: _____

Waiver and Release of All Claims - Must be signed or registration cannot be processed.

Please complete the both pages and return with this form.

A receipt will be mailed to you at a later date.



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Child's First Name: _____ Last Name: _____

Waiver and Release of All Claims - Must be signed or registration cannot be processed.

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in Buffalo Grove Park District programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of said programs.

I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s), including transportation services, for which I have registered and I agree to assume the full risk of any such injuries, damages or loss, regardless of severity, which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s), including transportation services. I waive and relinquish all claims I or my child/ward may have against the Park District and its officers, agents, servants and employees as a result of participation in any of these program(s), including transportation services. I hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of these program(s), including transportation services. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or by my child/ward, and arising out, connected with, or in any way associated with the activities of any of the program(s), including transportation services. Photo Disclaimer: Registrants and participants of programs and special events permits the Park District to take photos and videos of themselves and their child/ward for publication in the program brochure, website, social media and additional uses as the Park District deems necessary unless the registrant or participant expressly files with the Park District a written objection as to photos or videos of themselves and/or their child/ward.

I have read and fully understand the program details and waiver and release of all claims.

Signature of Participant (or of parent If participant is under 18)

Printed Name

Date

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