



# SANDWICH PARK DISTRICT

1001 N. Latham Street P. O. Box 405 Sandwich, IL 60548 815.786.8044  
e-mail: sandwichparkdistrict@comcast.net web site: www.sandwichparkdistrict.org

## SOCCER REGISTRATION FORM

### CHILD'S INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ HOME Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CHILD'S BIRTHDATE \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Grade going into 2010-1011 school year \_\_\_\_\_

UNIFORM SIZE: please circle YS(6-8) YM(10-12) YL(14-16) AS AM AL AXL

FEES: \$45 In-District \$65 Out-of-District Family maximum payment is for 2 children

### PARENT'S INFORMATION

**FATHER:** Full Name: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**MOTHER:** Full Name: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Medical or Special Needs / Important Info. \_\_\_\_\_

<b>#2800.301</b>	<b>#2800.302</b>	<b>#2800.303</b>
<b>PEE WEE</b>	<b>INTERMEDIATE</b>	<b>JUNIOR</b>
<b>Pre K - Kindergarten</b>	<b>1st &amp; 2nd Grade</b>	<b>3rd &amp; 4th Grade</b>

**Please circle your child's division above.** Division levels are determined by grade level going in to the 2010-2011 school year. Player must play at their grade level. There is no "moving up".

***PARENTS:** Practices are set by volunteer coaches. If practices are impossible for you to make, you may ask for a full refund. We are unable to switch players from 1 team to another. Volunteering may be the solution to your very hectic schedule.*

ARE YOU INTERESTED? COACH \_\_\_\_\_ ASST. COACH \_\_\_\_\_ REFEREE \_\_\_\_\_ YOUR SHIRT SIZE \_\_\_\_\_  
*We will give you a call to discuss* *Needed if you are chosen to coach*

**PLEASE SIGN WAIVER ON BACK OF THIS FORM . . . \_**

#### **Office Use Only**

PAYMENT METHOD: CHECK# \_\_\_\_\_ CASH \$ \_\_\_\_\_ **IN-DISTRICT \$45 OUT-OF-DISTRICT \$65**

CREDIT CARD: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EXP. \_\_\_\_\_ V-CODE \_\_\_\_\_

Authorized Name on Card: \_\_\_\_\_

## WAIVER

As a participant in the above program, those listed above recognize and acknowledge that there are certain risks of physical injury and those listed above agree to assume the full risk of any injuries, including death, damages or loss which those listed above sustain as a result of participation in any and all activities connected with or associated with such programs. Those listed above agree to waive and relinquish all claims those listed above may have as a result of participation in the program, against the Sandwich Park District, its officers, agents, servants and employees. Those listed above hereby fully release and discharge the Sandwich Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss which may accrue to those listed above on account of participation in the program.

Those listed above further agree to indemnify and hold harmless and defend the Sandwich Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by those listed above arising out of, connected with, or in any way associated with the activities of the program.

I have read the above recreation waiver and release of all claims, and understand that my signature is required below in order to participate in any Sandwich Park District programs. Signature is required of all participants 18 years or older and of parent/guardian for those participants under 18 years of age.

In the event of an injury or acute illness while participating in the Sandwich Park District soccer program, I, as a parent/guardian; give the staff at the Sandwich Park District authorization to approve first aid treatments, x-ray examinations, anesthetic, medical and surgical treatment, and any other hospital care that may be needed for the participant named above. I, the undersigned, realize that if the participant is injured during the Sandwich Park District soccer program, the Sandwich Park District, it's Commissioners, staff or volunteers can not and will not be held responsible for the costs incurred, nor liable for damages which may result from action taken to protect the participant.

---

Parent (Guardian) Signature

---

Date