

Games are played at Milestone Park / Coach will call with practice times / Generally practice late May, games in June

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Age \_\_\_\_\_ Current Grade \_\_\_\_\_ Team Request (if any) \_\_\_\_\_

Family e-mail: \_\_\_\_\_

**\* Fee includes: hat, t-shirt, and award - Pictures are taken, and may be purchased "on your own"**

**Please circle items that family members could assist with.**  
**\*\* Head Coach      Assistant Coach      Team Parent**  
**\*\* Fee waived for one child if parent is head coach**

**FEES:** \$10.00 (in-district) \_\_\_\_\_ \$15.00 (out-of-district) \_\_\_\_\_ Family maximum payment is two children

**REGISTRATION CLOSE APRIL 10TH**

**Credit Card Information**

Please complete this section when using a credit card. Circle one: **VISA      MASTER CARD      DISCOVER**  
Card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Cardholder Name: *As it appears on card* \_\_\_\_\_ V-Code: \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_

**T-SHIRT SIZE:** Youth Extra Small (4-5) \_\_\_\_\_ Youth Small (6-8) \_\_\_\_\_ Youth Medium (10-12) \_\_\_\_\_

**PARENT NAMES:** (Mother) \_\_\_\_\_ Phone # \_\_\_\_\_

(Father) \_\_\_\_\_ Phone # \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ Phone # \_\_\_\_\_

**EMERGENCY CONTACT RELATIONSHIP:** \_\_\_\_\_

***WAIVER AND RELEASE OF ALL CLAIMS***

*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 Raggball 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 Raggball program, the Sandwich Park District, its 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*

\_\_\_\_\_  
*Today's Date*