

SOCCER REGISTRATION FORM



Adult Last Name, First			Address			
Home Phone/Work Phone/Cell Phone			City/State/Zip			
Participant's Name	Activity Name	Code #	Birthdate	Sex	Grade	Fee
	Synergy Soccer League					
School	Soccer Experience	T-Shirt Size				
		M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> Adt S <input type="checkbox"/> Adt M <input type="checkbox"/>				
E-Mail	List name & phone to volunteer as coach					

- How did you hear about this program?
 Newspaper Newsletter
 Flyer Brochure
 Website Friend
 Other _____
 Programs you would like to see offered?

If participant has special needs, please let us know by attaching a separate sheet to this form.

Total Fees \$ _____

CASH CHECK VISA MASTERCARD DISCOVER
 CARD # _____
 EXP DATE _____
 V-CODE (last 3 digits on back) _____
 SIGNATURE _____

League		
Age Divisions	Code #	Fee
Kindergarten	2800.101	\$90
1st Grade	2801.101	\$90
2nd Grade	2802.101	\$105
3rd Grade	2803.101	\$105
4th Grade	2804.101	\$105
5th Grade	2805.101	\$105

Tuesday Skills Clinics			
<i>All 7 for \$42 or \$8 per individual date</i>			
Date	Age	Time	Code
April 20	K-1st	4:30-5:15	2806.101
	2nd-3rd	5:15-6:00	2806.102
	4th-5th	6:00-6:45	2806.103
April 27	K-1st	4:30-5:15	2807.101
	2nd-3rd	5:15-6:00	2807.102
	4th-5th	6:00-6:45	2807.103
May 4	K-1st	4:30-5:15	2808.101
	2nd-3rd	5:15-6:00	2808.102
	4th-5th	6:00-6:45	2808.103
May 11	K-1st	4:30-5:15	2809.101
	2nd-3rd	5:15-6:00	2809.102
	4th-5th	6:00-6:45	2809.103
May 18	K-1st	4:30-5:15	2810.101
	2nd-3rd	5:15-6:00	2810.102
	4th-5th	6:00-6:45	2810.103
May 25	K-1st	4:30-5:15	2811.101
	2nd-3rd	5:15-6:00	2811.102
	4th-5th	6:00-6:45	2811.103
June 1	K-1st	4:30-5:15	2812.101
	2nd-3rd	5:15-6:00	2812.102
	4th-5th	6:00-6:45	2812.103

I have read and understand the waiver and release on the other side of this form.

Signature

Relationship to Participant

Date

STAFF: _____ DATE: _____

Butterfield Park District Waiver and Release

IMPORTANT INFORMATION

The Butterfield Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in regard. The Butterfield Park District continually strives to reduce such risks, and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the above listed programs/activities 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 you minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury, or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Recreational activities/programs are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers, and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Butterfield Park District to guarantee absolute safety.

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 Butterfield Park District 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 you 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).

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 Butterfield Park District, including its officials, agents, volunteers, and employees (herein after collectively referred as Butterfield Park District).

I do hereby fully release and forever discharge the Butterfield Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I 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 these programs/activities.

PHOTO RELEASE

By registering for any Park District program I agree to allow publication of any photos taken at any program, event, or facility of the Butterfield Park District.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering via fax my facsimile signature will substitute for and have the same legal effect as an original form signature.

AUTHORIZATION FOR MEDICAL TREATMENT

- I, the undersigned, hereby agree to allow the individual(s) name hereon to participate in the Butterfield Park District activities.
- I certify that to the best of my knowledge, the participants named hereon is/are physically fit and able to engage in Recreation Services Division activities.
- In case of emergency, I give my permission for emergency medical treatment.
- This form shall be considered valid until canceled or changed in writing by the undersigned parent/guardian/participant.
- My signature acknowledges that I understand and agree to the above conditions.