

Basketball - Sat., September 6th, 1pm

Please Print

Payor's Name _____

Address _____

City _____ Zip _____

Home Phone (____) _____

Day Phone (____) _____

Father's Name: _____

Mother's Name: _____

Are you interested in coaching your child's team? (circle)

Head | Asst.

Name of the person interested in coaching
or coordinating: _____

e-mail: _____

*Please print e-mail address clearly.

I understand that carpool, friendship, coach & practice locations cannot be honored. _____ *please initial*

Payment Information

Credit Card 

Mail or drop-off at Registration Office, 700 S. Bartlett Road or FAX to (630) 540-4869. Call same day to verify receipt.

Card Number _____ CID# _____

Card Holder's Name _____

Expiration _____ Amount Charged \$ _____

Authorized Signature _____

Check/Money Order - Make payable to: "Bartlett Park District".

Mail or drop-off at Registration Office, 700 S. Bartlett Road.

Special Accommodations

Please list any medications currently being taken or describe special accommodations needed for successful inclusion in the program(s).

Participant	Gender	Birthdate	Grade	School	Height	Program Name	I.D. Number

Please see pages listed below for appropriate league and division:

Youth Basketball

See page 24

Random Draw Reg. Deadline, Sat. 1pm, Sept. 6th

By circling a number, please rate your child's overall level of skills (1 = novice, 5 = exceptional) 1 2 3 4 5

Waiver and Release of All Claims

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in Park District program(s) that you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of Park District program(s).

1. I recognize and acknowledge that there are certain risks of physical injury to participants in Park District program(s) and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).
2. I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program(s) against the Park District and its officers, agents, servants, and employees.
3. I do hereby fully release and discharge the Park District and its officers, agents, servants, and

employees from any and all claims from injuries, including death, damage, or loss of which I or my minor child/ward may have or which may occur to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s).

4. I further agree to indemnify and defend the Park District and its officers, agents, and employees from any and all claims from injuries, including death, damages, and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities or the program(s).
5. In the event of any emergency, I authorize Park District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my minor child's/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I, the undersigned, have fully read and understand the above waiver and release of all claims

Payor's Last Name

Signature of Parent or Guardian
(If 18 years or older)

Date

Signature of Participant
(If 18 years or older)

Date