



Niles Park District
FALL GIRLS
SOFTBALL LEAGUES
Grade 1-8

We are offering four girls softball leagues this Fall:
14 & Under, 12 & Under, 10 & Under, 8 & Under.
Games will be played on Saturdays and Sundays.
Each girl will receive a jersey and visor. You can sign
up as a team or individual. Your season will consist of
at least 8 games. 12u & 14u will be divided into Travel
& House divisions. As of the 2021-2022 school year:

GRADE 1 & 2

GRADE 3 & 4

GRADE 5 & 6

GRADE 7 & 8



WHEN

Games– Aug 21-Oct 24

TIME

Times Vary

WHERE

Niles fields and surrounding
communities

INDIVIDUAL FEE

Resident \$97

Non-Resident \$120

TEAM FEE

Resident \$1,100

Non-Resident \$1,400

REGISTER BY

Monday, July 19

QUESTIONS

Call 847-967-1529

Register by filling out our Registration
Form & COVID-19 Guidelines Waiver.
Registration will not be accepted if both
forms are not signed and returned.
Return registration form & COVID waiver
to Robin at robin@niles-parks.org.

Fall Softball Registration Form

Primary Household Contact (Last Name) _____ (First Name) _____

Address _____ City/Zip _____

Email Address _____

Home Phone _____ Cell Phone _____

Please check (x) if you need special accommodations to participate in this program. ___

Player's Name	Birthday	Spring/Summer Softball League

TEAM / TEAMMATE REQUEST INFORMATION

1) I am a coach submitting payment for my whole team _____

Coach name: _____ Phone _____

**If coach is submitting payment for the team we only need one form for the team.*

**A team roster which must be signed by all parents will be sent after registration is received.*

2) I'm a free agent, please place me on a team _____

Teammates: _____

School: _____

I'm interested in coaching my child's team _____

Please circle the correct league based on the grades you will be going into in the fall of 2021

7th & 8th Grade
420311-01

5th & 6th Grade
420311-02

3rd & 4th Grade
420311-03

1st & 2nd Grade
420311-04

Free Agent Fee - Res-\$97 / ~~NonRes~~ - \$120

Team Fee - Res \$1,100 / Non-Res - \$1,400

Registration Deadline July 19

Method of Payment

Cash _____ Check # _____ MasterCard / Visa / Discover

Name: _____
(as it appears on card)

Card Number

Exp. Date: _____ CVV: _____ Amount: _____

Remit to:
Niles Park District
Registration
6676 W. Howard St.
Niles, IL 60714

*Email to robin@niles-parks.org

*A self-addressed envelope must be enclosed in order to receive a receipt.

Coaches should download a
coach packet

@ www.niles-parks.org

WAIVER AND RELEASE OF ALL CLAIMS Please read this form carefully and be aware that in signing up and participating in this program you will be waving and releasing all claims for injuries you might sustain arising out of this program.

Please read this form carefully and be aware that in signing up and participating in the above 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 your 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 participating in all these programs/activities against the Niles Park District, including its officials, agents, volunteers and employees (here-in after collectively referred as "District").

I do hereby fully release and forever discharge the 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.

If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effects as an original form signature.

Additionally, by signing this form, I am certifying that I qualify for the rate charged (i.e. if resident rate was charged, I am/my children are residents of the Niles Park District). If this is proven untrue, I realize that my park district privileges may be suspended or revoked.

Photos are periodically taken of participants in a class, during a special event or at the District's parks. Please be aware that these photos are for Park District use only and may be used in the District's publications.

I have read and fully understand the above important, warning or risk, assumptions of risk and waiver and release of all claims.

PLEASE PRINT Participant's Name _____

Parent/Guardian Signature _____ Date _____