

NILES PARK DISTRICT

# VOLLEYBALL LEAGUE



**CO-ED GRADE 4-8**

**FRI, SAT, SUN, APRIL 26-JUNE 29**

**FRI 4:30-9:30P / SAT & SUN 9A-9P**

**PLAY 8 GAMES, PLUS PLAYOFFS. SIGN UP AS A TEAM OR  
INDIVIDUAL. NO FULL TIME CLUB TEAMS ALLOWED.  
GAMES & PRACTICES AT GOLF VIEW & LOVERDE CENTER**

**REGISTER BY FRIDAY MARCH 28 / QUESTIONS 847-967-1529**

# VOLLEYBALL Registration Form

Primary Household Contact (First Name) \_\_\_\_\_ (Last Name) \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Do you need an Americans with Disabilities Act Accommodation? Yes \_\_\_

Player Name	Grade	School	T-shirt Size

If you are registering to be on a specific team, list your coach's name:  
\_\_\_\_\_

If you are not on a team but want to be with specific kids, list their names:  
\_\_\_\_\_

If you are interested in being a volunteer coach, check here \_\_\_\_\_

\*Coaches should go to [www.niles-parks.org](http://www.niles-parks.org) and download a coach form.

\*Submit by March 28.

**METHOD OF PAYMENT**

Cash    Check # \_\_\_\_\_    MasterCard    Visa    Discover

Name: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
*(As it appears on card)*

Card # \_\_\_\_\_

Signature \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Please circle the league based on the CURRENT grade of your child:**

**4th Grade**  
#220305-01

**5th Grade**  
#220305-02

**6th Grade**  
#220305-03

**7th Grade**  
#220305-04

**8th Grade**  
#220305-05

**FEE: Resident \$89, Non-Resident \$114**

**TOTAL DUE: \$ \_\_\_\_\_**  
**Register by Friday, March 28**

**Mail to:** Niles Park District Registration, 6676 W. Howard St., Niles IL 60714  
**In Person:** Howard Leisure Center, 6676 W. Howard St. (M-F 8:30 am-5:00 pm)  
**Email to:** Robin at [robin@niles-parks.org](mailto:robin@niles-parks.org)  
**Register Online:** [www.niles-parks.org](http://www.niles-parks.org)

**REGISTRATION INFO HERE**



**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 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** \_\_\_\_\_