SUBJERTER TEBAL Boys & Girls Ages 4-5

At Culver Field & Oakton Manor



Tu, June 22-Aug 3 5, 6, 7pm Games

Res \$76, NR \$95

Questions, 847-967-1529. Register by Tues, June 1. Each game day will have 15 minutes of instruction, followed by a low key 2 inning game.

- Team t-shirt & hat included. Helmet, glove & bat provided by the player.
- <u>Players</u>– Face masks are required to be worn in the dugouts, optional when player is on the field. <u>Coaches</u>– Fully vaccinated individuals are not required to wear a mask or social distance. All unvaccinated individuals are required to wear a mask when social distancing is not possible.

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

Rookie Ball / T-Ball Registration Form

					(Last Name)	
			_Cell Phone			
Email Address						
Please check (x) if you ne						
Player's Name	Gender Age Grade			School	Please circle the correct league	
					(4-5 yr. olds on Tuesdays) 220301-03	
COACH NAME:	-			ae o coach your child's team)	ROOKIE BALL (5-7 yr. olds on Thursdays) 220301-04	
* Please list the names of the *We will do our best to accon	people vou wo	uld like to	be on the same te	am with. e possible.	FEE - Res - \$76 / Non-Res - \$9	95
METHOD OF PAYM	ENT				Total Due	S
Cash	□ Ma		ď			
Check #	□ Vis □ Dis					
Name:			Exp. D	ate:		
(na it ng	pcars on card)					
	Card Num	iber				
Signature:			Am	ount:		
Remit to: Niles Park District Registration 6676 W. Howard St. Niles, IL 60714			Qniles-parks.c		to receive a receipt.	
WAIVER AND RE	LEASE	OF AL	L CLAIMS	Please read this form care	fully and be aware that in signing up and particip	oating in
this program you will be v Please read this form caref the risk and legal liability an participating in any and all a provided.) I recognize and acknowled	vaving and r ully and be av d waiving and activities conr ge that there a	eleasing vare that i d releasin ected wit are certair	all claims for inj in signing up and g all claims for in h and associated h risks of physical	uries you might sustain ari participating in the above ide juries, damages or loss which with said programs/activities I injury to participants in these	ising out of this program. entified programs/activities, you will be expressly ass h you or your minor child/ward might sustain as a res (including transportation services/vehicle operation, e programs/activities, and I voluntarily agree to assu	suming sult of , when me the
full risk of any and all injurie programs/activities against I do hereby fully release an which may accrue to me or	s, damages of the Niles Part d forever disc my minor chi	or loss, re k District, harge the kl/ward ar	gardless of sever including its offici District from any nd arising out of c	ity, that my minor child/ward ials, agents, volunteers and e r and all claims for injuries, da connected with, or in any way	or I may sustain as a result of participating in all the employees (here-in after collectively referred as "Dist amages, or loss that my minor child/ward or I may <u>he</u> y associated with these programs/activities. he same legal effects as an original form signature.	se trict").

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

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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
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Parent/Guardian Signature _____ Date _____

PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.