

FEE: RES \$91, NON-RES \$116
REGISTER BY MAY 30 / QUESTIONS, CALL 847-967-1529

T-BALL / ROOKIE BALL Registration Form— SUMMER

Primary Household Contact (First Name)(Last Name)	
Address				City/Zip		
Phone				Emergency Pho	ne	
Email Address						
Do you need an Am	nericans with Disa	bilities Act	Accommodat	ion? Yes	Please circle the correct league	
Player Name	Gender	Age	Grade	School	T-BALL: (4-5 years old- Tuesday's) #220301-03	
COACH NAME: PHONE: (Please indicate if you would like to be a volunteer coach)					ROOKIE BALL: (5-7 years old— Thursday's) #220301-04	
TEAMMATE NAME					FEE: Resident \$91, Non-Resident \$11	
					TOTAL DUE: \$	
*Please list the names of the people you would like to be on the same team with. *We will do our best to accommodate request, but all may not be possible.					Register by Friday, May 30 Limited to 72 kids	
Name:					REGISTRATION INFO HERE	
In Person: Ho Email to: Rob	•	ter, 6676 V parks.org	V. Howard St.	rd St., Niles IL 60714 (M-F 8:30 am-5:00 pm) 7-6633		
you will be way Please read this assuming the ris as a result of pal operation, when I recognize and a the full risk of an these programs/ "District"). I do hereby fully which may accru If registering on- Additionally, by s the Niles Park D Photos are period	fing and releasing a form carefully and b k and legal liability a rticipating in any and provided.) acknowledge that the y and all injuries, da activities against the release and forever ue to me or my minor line or via fax, your osigning this form, I ar istrict). If this is providically taken of partiand may be used in	all claims for a ware that and waiving a lall activities are are certar mages or los Niles Park I discharge the child/ward a pon-line or factor certifying the cipants in a the District's	r injuries you r t in signing up a and releasing all c connected with in risks of physi ss, regardless o District, includin the District from a and arising out o simile signature that I qualify for realize that my class, during a s s publications.	might sustain arising out of and participating in the above I claims for injuries, damages in and associated with said project in an associated with said project in a claim of the severity, that my minor child go its officials, agents, volunted all claims for injuries, damage of connected with, or in any we shall substitute for and have the rate charged (i.e., if reside park district privileges may be special event or at the District	identified programs/activities, you will be expressly or loss which you or your minor child/ward might sustain ograms/activities (including transportation services/vehicle ese programs/activities, and I voluntarily agree to assume d/ward or I may sustain as a result of participating in all ers and employees (here-in after collectively referred as es, or loss that my minor child/ward or I may have, or eavy associated with these programs/activities. The same legal effects as an original form signature. The entrate was charged, I am/my children are residents of	
PI FASE DRINT	Particinant's Name	9				
Parent/Guardia	-				Date	