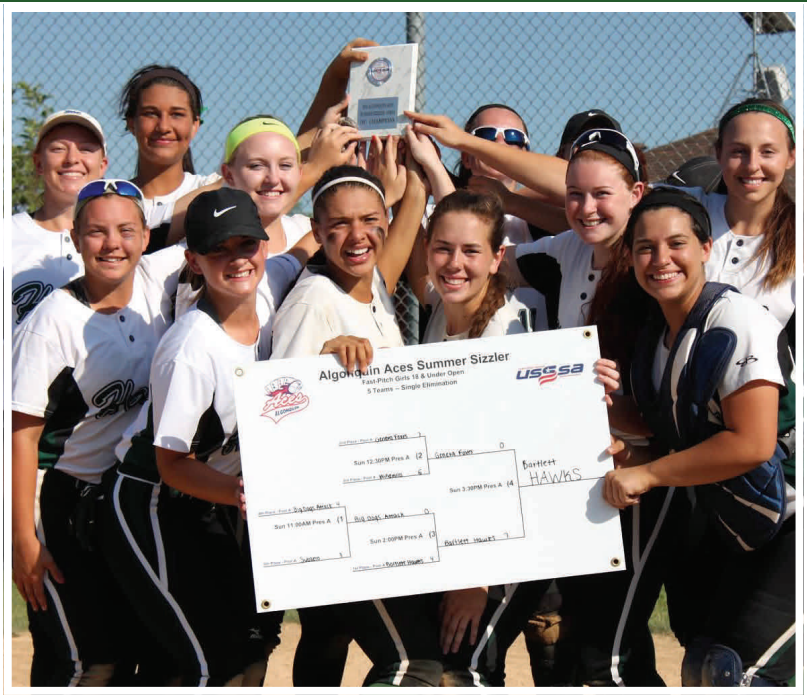
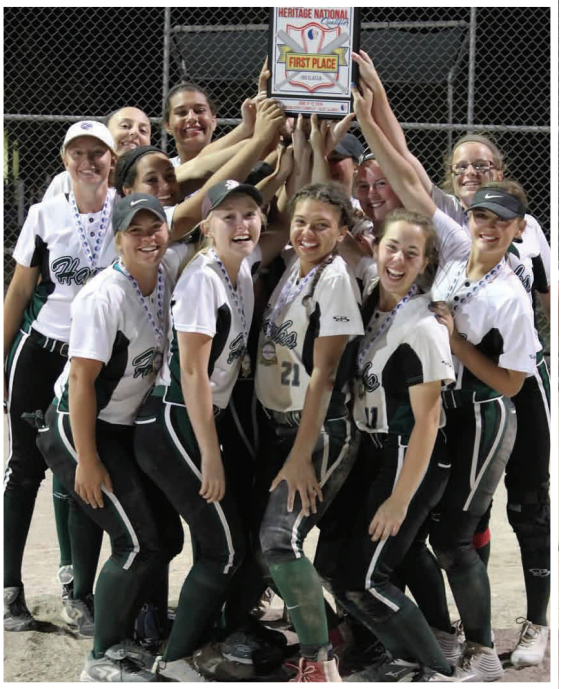
2016 Bartlett Hawks
Girls Travel Softball Tryouts





Registration forms must be turned in to the coaches before trying out.

If you are unable to make tryouts, please contact Bartlett Hawks Girls Softball Travel Coaches:

14U Robert Elizondo (630) 440-6261, 16U Tony Tomillo (630)254-2122 or **18U Norb Pivaronas (630)363-4896**

- **Fee includes:** uniform, equipment bag, training fees, 2 outdoor practices at the lighted Koehler Field Complex each week (weather permitting), equipment usage, indoor winter training sessions, 12-15 weekday games and participation in a minimum of 6 tournaments (approximately 35-45 per season)
- Practices start at the end of August and run through early November (weather permitting). Teams will then move indoors for training during the Winter. Fields will re-open April 1st (weather permitting).
- The season will run year round starting at the end of August and running through July of the following year.
- Eligibility is based on your child's age as of Jan. 1, 2017

14u Coach: Robert Elizondo	**Tryouts: Wed Aug. 3 6:30-8:30pm and Sat. Aug. 8 10am-12noon**	**Koehler A**
16u Coach: Tony Tomillo	**Tryouts: Sat. Aug. 6 and 13 10am-12noon**	**Koehler C**
18u Coach: Norb Pivaronas	**Tryouts: Aug. 5, 9, 10 6-8pm and Aug. 6 10am-12noon**	**Koehler Fields**

Attendance is encouraged for all tryout dates.

For more information contact Eric Eichholz: (630) 540-4831 or eeichholz@bartlettparks.org

Bartlett Park District

WWW.BARTLETTPARKS.ORG - 700 S. Bartlett Road - Phone: (630) 540-4800

SUMMER 2016 ★★★ YOUTH SPORT REGISTRATION FORM ★★★ 53

Registration Deadlines:

☐ ***I have read, understand, and agree to the cancellation/refund/transfer policies.***

Head of Household_____

Address _____

City _____ Zip _____

E-mail Address _____

Home Phone (_____) _____

Cell Phone (_____) _____

Father's Name: _____

Mother's Name: _____

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

Head Coach | Asst. Coach | Team Coordinator (soccer only)

Name of the person interested in coaching or coordinating*:

_____

***E-mail (mandatory):**_____

I understand that carpool, friendship, coach & practice locations cannot be honored. _____ *(Initial required.)*

☐ ***Cash*** - All forms received at BCC, 700 S. Bartlett Rd., Bartlett, IL 60103

☐ ***Check/Money Order*** - In person, drop-off, mail-in

☐ ***Credit Card*** - Fax-in, (630) 540-4869 (Call 630-540-4800 same day to verify that fax was received). Please complete the relevant information located below.

Card Type: ☐ ***American Express*** ☐ ***Mastercard*** ☐ ***Visa*** ☐ ***Discover***

Card Number_____

Card Holder's Name _____

Expiration _____ ***CID#*** _____ (3 numbers on back of card)

Amount Charged $ _____

Authorized Signature _____

Special Accommodations/A.D.A

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

_____

_____

Participant	Gender	Birth Date	Grade	School	Program Name	I.D. Number

Circle Softball Uniform Size **YS YM YL AS AM AL AXL** (not required for soccer)

By circling a number, please rate your child's overall skill level (1 = beginner, 2 = average, 3 = exceptional) **1 2 3**

Payer's Last Name _____

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) 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.

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

_____

Signature of Parent or Guardian ***Date***

_____

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