## Registration Deadline:

Spring Soccer: Friday, February 18 at 6pm Girls Spring Softball: Friday, March 4 at 12noon.

☐ I have read, understa	_	_			_	4 <del>-</del> - <del>-</del>		
Registration forms can		_		_	630-540-4800	to confirm receipt		
Head of Household			<ul> <li>Cash</li> <li>Check Check Refusal Fee: A \$25 fee is charged for all returned checks</li> <li>Credit Card</li> <li>Credit card information not required if paying in person</li> <li>Card Type:AmEx Mastercard Visa Discover</li> </ul>					
Address								
City								
E-mail Address								
Primary Contact Phone (		Card Type:	AmEx Mas	tercard Visa _	Discover			
Cell Phone ()								
Father's Name:				CID#	3 numbers on back of care			
Mother's Name:			Amount Charged \$					
Are you interested in vol				Authorized Signo	ature			
Head CoachAsst.				nly)				
Name of the person i			•		Special M	adifications /A	D.A	
ivalile of the person i	coordinan		Special Modifications/A.D.A					
****			Please list any medications that need to be dispensed at programs, allergies or describe special modifications needed for successful					
*Volunteer E-mail (mandatory):				inclusion into th	inclusion into the program(s). A two week notice is recommended.			
I understand that carpoc cannot be honored	-		ice location					
cumor be nonorea.	(IIIIIG	required.,						
B. M. Carlo		n' il n	0	11.:( C:*	<b>D</b>	N.	I D Nl.	
Participant	Gender	Birth Date	Grade	Uniform Size*	Prog	ram Name	I.D. Number	
*Uniform (New soccer	. ,		AXL	participants ir District's prom	n Park District pr notional materia	the right to photogr ograms, facilities or ils. If you would like fitzsimons@bartlett	parks for the to submit a photo for	
		Regi	stration/	Brochure Waiver &	Release			
IMPORTANT INFORMATION  The Bartlett Park District is committed to co sofety of participants in high regard. The B participants follow safety rules and instruct and parents/guardians of minors registering in the participant of injury when choosing to participate You are solely responsible for determining if contemplated by this agreement. It is always suffered an illness, injury or impairment, to a warning of RISK  Recreational activities are intended to challer	artlett Park District continue tions that are designed to page for the below listed progin recreational activities/pyou or your minor child/wes advisable, especially if the onsult a physician before unage and engage the physical page and engage the physical programmer.	Dily strives to reduce such ri protect the participants' saf grams/activities must recog programs.  and are physically fit and/or participant is pregnant, disa adertaking any physical activate in the protection of the pro-	sks and insists that all sty. However, partici, unize that there is an i skilled for the activitie abled in any way or re vity.	he Please read this form care assuming the risk and leg child/ward might sustain wherent (including transportation s  I recognize and acknowl agree to assume the full recently sustain as a result of said (or accrue to me or my of afficials, agents, voluntee ant.  I have read and full	al liability and waiving and re as a result of participating in ervices and vehicle operation edge that there are certain risks of any and all injuries, do participation. I further agree illd/ward) as a result of par res and employees.	ining up and participating in this prog sleasing all claims for injuries, damag any and all activities connected with ns, when provided). isks of physical injury to participants amages or loss, regardless of severit to waive and relinquish all claims I	es or loss which you or your minor and associated with these programs in these programs, and I voluntarily y, that my minor child/ward or I may	
Despite careful and proper preparation, inst when participating in any recreational activity particular activity, participants must understa skill level or conditioning, carelessness, horse inadequate supervision, instruction or officio exist. In this regard, if must be recognized the	foreseen. Depending ent weather, slip and for quate or defective equ outdoor recreational o	the above importan on the lls, poor ipment,	t information, sumption of risk ease of all claims. e or via fax, my	Participant's Name	Date			

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.

Participant's Signature (18 years or older or Parent/Guardian)

Signature is required for participation.