

# Pleasant Dale Park District

## 2018 3<sup>rd</sup>/4<sup>th</sup> Grade Fall Soccer Registration

CODE # 32407-4

Shin guards must be provided and worn!

Coaches, teams and practice times cannot be requested/guaranteed

### Registration Information

Player's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent's First Name: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_

### Player Information *(please circle)* M or F

Estimated Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Estimated Weight: \_\_\_\_\_ lbs.

School: \_\_\_\_\_ Grade: *(Please Circle)* 3 4

Player Rating **(NEW PLAYERS ONLY)**: *(please circle)*

0

1

2

3

(NO EXPERIENCE) (SOME EXPERIENCE) (AVERAGE EXPERIENCE) (ABOVE AVERAGE EXPERIENCE)

Shirt Size *(please circle)*

YS YM YL AS AM AL AXL

(Sample shirt sizes to try on are available at the front desk)

### ***"Buddy Request"***

**How It Works:** You **MUST** have matching buddies. Your child must put down the name of his/her buddy and his/her buddy must put down your child's name.

**\*\*\*Exceptions\*\*\***

**\*If you volunteer and request to coach with another parent, your child automatically becomes buddies with the child of the coach you requested. (You may not choose another buddy.)**

**\* If you have more than one child who will be playing in the same league (1<sup>st</sup>/2<sup>nd</sup>, 3<sup>rd</sup>/4<sup>th</sup>, etc.), your children automatically becomes buddies unless specifically noted by checking box below.**

**\* If you sign up late, you will not have the option to use the Buddy System.**

**\* If you write down more than one name for a buddy, your buddy request will not be honored.**

Your child's name \_\_\_\_\_ His/her buddy's name \_\_\_\_\_

I do NOT want my siblings in the same grade division to be placed on the same team (Check box)

Are You Willing to Coach? Y N Coach's Name \_\_\_\_\_

Coach's Contact # \_\_\_\_\_ Coach's Primary Email \_\_\_\_\_

Do you want a coaching shirt? Y N If so, what size? \_\_\_\_\_ (Sample sizes are available at the front desk)

### Payment Information

Fee: \$80/residents \$103/non-residents *(add \$20 after Saturday, July 21<sup>st</sup>)*

Method of Payment *(please circle)* Cash Discover Visa Mastercard Amex Check# \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date \_\_\_\_\_

Name of Cardholder \_\_\_\_\_ **Total Enclosed:** \_\_\_\_\_

If a refund is requested after uniforms have been ordered, a \$15 processing/uniform charge will be deducted from refund. You will not receive a uniform.

*Office Use Only*

Initials \_\_\_\_\_

**Athletic Participation 2018 Waiver & Release  
Waiver, Release of All Claims & Hold Harmless Agreement for  
Pleasant Dale Park District – READ CAREFULLY**

Please read this form and be aware that, in signing up and participating in Pleasant Dale Park District programs, you will be waiving and releasing all claims for injuries arising out of these programs, that you or other named participants might sustain. The terms "I," "me," and "my," also refer to parents or guardians as well as participants in the programs. In registering for these programs, you are agreeing as follows:

As a participant in these programs, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages or loss that I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such programs. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risk of injury.

I agree to waive and relinquish any and all claims I may have as a result of participating in these programs against the Pleasant Dale Park District, any and all other participating servants and employees of the governmental bodies and independent contractors, and all other persons and entities, of whatever nature, that might be directly or indirectly liable for any injuries that I may sustain while participating in these programs. (The parties described in the preceding sentence are referred to as "release parties" in the remainder of this Agreement.

I do hereby fully release and discharge the Pleasant Dale Park District and the other released parties from any and all claims for injuries, damage, or loss that I may have or that accrue to me on account of my participation in these programs.

I further agree to indemnify, hold harmless and defend the Pleasant Dale Park District and any and all other released parties, from any or all claims resulting from injuries, damages and losses sustained by anyone, including me or my child, and arising of, connected with, or any way associated with my conduct and the activities of these programs.

I further understand and agree that the terms such as "participation," "programs," and "activities," referred to in this Agreement include all exercises and physical movements of any nature while I am participating in these programs and further include the provision of or failure to provide proper instructions or supervision, the use and adjustment of any and all machinery, equipment, and apparatus, and anything related to my use of the services or premises involved in these programs, and transportation to and from any events.

I understand the nature of these programs for which I am registering and have read and fully understand this Waiver, Release, and Hold Harmless Agreement. I further understand that any advisements or warnings of the particular risks of these programs that I subsequently receive will be incorporated by reference into and become part of this Agreement.

Registration will be accepted by mail or fax. You may mail your form to 7425 S. Wolf Road, Burr Ridge, IL 60527 or send by facsimile transmission to 630-662-9239. When registering by fax it is mutually understood that the facsimile registration document (including the waiver and release of all claims) shall substitute for and have the same legal affect as the original form.

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Parent's Signature

Date

Please describe below any medical conditions your child has that we should be aware of. Also, for individuals with a disability who wish to register for soccer, please describe any accommodations needed for successful participation.

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