

APPLICATION FOR EMPLOYMENT  
TRI-TOWNSHIP PARK DISTRICT  
410 Wickliffe, TROY, IL 62294  
618-667-6887

CIRCLE ONE:      BASEBALL UMPIRES      CONCESSION WORKERS      SOCCER REFEREE

First Name: \_\_\_\_\_ Age: \_\_\_\_\_ Work permit required: \_\_\_\_\_

Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Work permit attached \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

email address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Father's Name: \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

**Parent/Legal Guardian Acknowledgement**

As parent/legal guardian of the above named referee/concession stand worker, I acknowledge that any child under the age of 16 is required to have a work permit to act as a referee/concession stand worker for the Tri-Township Park District athletic programs. I also acknowledge if the above child is under the age of 14 acting as a Referee/Umpire that a parent/legal guardian must be present during the games in which he/she is officiating.

Waiver: As the parent and/or legal guardian of the child(ren) named above, I hereby give my full consent and approval for my child(ren) to participate in this program. I recognize and acknowledge that there are certain risks involved in participating in this program. I agree to assume the full risk of any injury, including death, damage and/or loss regardless of severity which my child(ren) may sustain as a result of participating in any and all activities connected with this program. I hereby certify that my child(ren) is/are capable of participating in the above program and that my child(ren) is/are healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed under medical information. I fully agree to indemnify and hold harmless the Tri-Township Park District, its Board of Commissioners, agents, servants, and employees from any and all claims resulting from injuries, including death, damages and/or losses sustained by my child(ren) arising out of, connected with, or in any way associated with activities of this program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form must be completed in its entirety and returned to the Park Office before there will any compensation paid to an individual. If a participant is under the age of 16, a work permit must also be presented at this time.