Tri-Township Park District Registration Form

Last Name		First Name		DOB	M/F	Div	Medical Information	Shirt size
1								
2								
3								
4								
Division is	determin	ed by the gra	nde your ch	nild is curre	ently registe	ered in.		
Grade	Age	Div.	Player	Grade	Age	Div.	Player	
PK-K	4-6	Tee Ball		5-6	10-12	A Ball		
1-2	6-8	Instruct.		7-8	12-14	Boys AA		
3-4	8-10	Rookie		7-10	12-16	Girls AA		
PARENT: ADDRESS: EMAIL: HOME/CE EMERGEN EMAIL: HOME/CE REQUEST	CY CONTA	.CT: 1/COACHES:					- - - - -	
		EER: TEAM			SISTANT CO		SHIRT SIZE	
		ceive an Adul			•	eu.		
ii you v	oluliteel y	ou must mi	out a packe	ground the	CK.			
Fees:	Tee Ball \$65.0		\$65.00)		Total Fees	::	
	Registration Fee:			\$70.00		Cash		
	Boys AA Registration F \$ 75.00)		Check		_
	Late Fee 3/16/15: \$20.00)		CC		_
	*MAKE	CHECKS PAYA	BLE TO TR	- I-TOWNSH	IP PARK DIS	STRICT		

IF YOU VOLUNTEER, YOU MUST FILL OUT A BACKGROUND CHECK FORM.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any such injuries, damage or loss regardless of severity, which I or my child/ward may sustain as a result of participating in any activities connected to or associated with any such programs(s). I waive and relinquish all claims I or my child/ward may have against TRI-TOWNSHIP PARK DISTRICT and its officers, agents, servants and employees as a result of participating in any of the above program(s). I further agree to indemnify, hold harmless and defend TRI-TOWNSHIP PARK DISTRICT and its officers, agents, servants and employees from any and all claims results from injuries, damages, and losses sustained by me or by my child/ward connected with or in any way associated with the activities of any of the program(s). I have read and fully understand the above program details and waiver and release all claims.

Signature of Par	ent or Guardian	Date	