TRI TOWNSHIP PARK DISTRICT

409 Collinsville Rd.
Troy, Illinois 62294

Phone: 618.667.6887
Fax: 618.667.7355

BASEBALL UMPIRES/CONCESSION WORKERS/SOCCER REFEREE

First Name:_____ Age: _____ Work permit required: _____

Last Name: _____ Date of Birth: _____ Work permit attached _____

Address: _____ Social Security Number: _____

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 indemnity 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.