NILES PARK DISTRICT WINTER SESSION 2

AND FORM LONG

For those who enjoy the game of football, but may not want the tackling, flag football is a great alternative! Play will consist of 7 on 7. Practices will be bi-weekly and scheduled at the coach's discretion.

Register early, league will fill.

GRADE	CODE	DAY	DATE	TIME	RES/NR
Grade 1 & 2	120314-01	Sunday	Jan 28-Mar 24	8:00a-Noon	\$115/\$144
Grade 3 & 4 12 kids per team	120314-02	Sunday	Jan 28-Mar 24	11:30a-4:00p	\$115/\$144
Grade 5 & 6	120314-03	Sunday	Jan 28-Mar 24	3:30-8:30p	\$115/\$144

LoVerde Sports & Rec Center

7847 Caldwell Ave. - 847-583-2750 - www.niles-parks.org



For more information, please contact Athletics at 847-967-1529. Registration information on reverse.

Niles Park District FLAG FOOTBALL Registration Form-Session 2

Primary Household Contact (First Name)	(Last Name)	
Address		City/Zip	
			acy Phone
Do you need an Americans w			
.,		Please circle the correct league (For Fall 2023-2024 school year)	
Player Name	Grade	School	(101 run 2023-2024 school yeur)
			Grade 1 & 2
			#120314-01
<u> </u>			
PLAYER/TEAM REQUEST INFO	RMATION (Cho	#120314-02	
1) I am on a team			
Coach Name:			
2) I have no specific team requ	uest, place me o	#120314-03	
Teammate requests:			
I am interested in coaching		FEE: Resident \$115, Non-Resident \$144	
			 TOTAL DUE: \$
METHOD OF PAYMENT Cash Check #	MasterCard	Vica Discover	<u>.</u>
			ARE YOU A COACH? Make sure the Coac
(As it appears on card)		Exp. Date:	fills out the team form and includes all
Card #			expected player names.
		Amount \$	
Signature		Amount 3	
		6676 W. Howard St., Niles IL 60714	
	-	W. Howard St. (M-F 8:30am-5:00p	om)
Email to: Robin at robin@ Register Online: www-nil			
Register Offline. www-fill	es-parks.org		
you will be waving and releated Please read this form carefully assuming the risk and legal list as a result of participating in a operation, when provided.) I recognize and acknowledge the full risk of any and all injur these programs/activities agai "District"). I do hereby fully release and for which may accrue to me or my lif registering on-line or via fax Additionally, by signing this for the Niles Park District). If this Photos are periodically taken to District use only and may be used to the provided the provided that the position of the provided that the	asing all claims for y and be aware the ability and waiving any and all activities that there are certaines, damages or lookinst the Niles Park forever discharge to y minor child/ward, your on-line or farm, I am certifying is proven untrue, of participants in a used in the District and the above imposite the saward and the above imposite in the province of the saward and the above imposite in the province of the saward and the above imposite in the province of the saward and the above imposite in the province of the saward and the above imposite in the province of the saward and the above imposite in the province of the saward and the saward a	or injuries you might sustain arising at in signing up and participating in the and releasing all claims for injuries, dans are connected with and associated with some ain risks of physical injury to participant ass, regardless of severity, that my mind District, including its officials, agents, when a District from all claims for injuries, day and arising out of connected with, or in a cosmile signature shall substitute for an an that I qualify for the rate charged (i.e., in realize that my park district privileges class, during a special event or at the spublications.	above identified programs/activities, you will be expressly mages or loss which you or your minor child/ward might sustain said programs/activities (including transportation services/vehicle its in these programs/activities, and I voluntarily agree to assume or child/ward or I may sustain as a result of participating in all volunteers and employees (here-in after collectively referred as amages, or loss that my minor child/ward or I may have, or any way associated with these programs/activities. If have the same legal effects as an original form signature. If resident rate was charged, I am/my children are residents of may be suspended or revoked. District's parks. Please be aware that these photos are for Park isk and waiver and release of all claims.
	s Name		
Parent/Guardian Signature			Date