Flag Football Registration Form

Primary Household Contact (Last Name) _____ **(First Name)** _____

Address _____ **City/Zip** _____

Home Phone _____ **Emergency Phone** _____ **Cell Phone** _____

Email Address _____

Please check (x) if you need special accommodations to participate in this program. __

Player Name	Grade	School

PLAYER / TEAM REQUEST INFORMATION
CHOOSE ONE

1) I have a specific team and coach I want to be with _____

Coach name: _____ Phone_____

**Make sure the coach fills out a team form and includes all expected player names on their form.*

2) I have no specific team request, please place me on one_____

Teammate requests: _____

I'm interested in coaching _____

Circle grade based off current school year

1st/2nd Grade Football
420314-01

3rd/4th Grade Football
420314-02

5th/6th Grade Football
420314-03

7th/8th Grade Football
420314-04

Register by October 4:
Res $79, Non-Res $98

METHOD OF PAYMENT

__**Cash**
__**Check #**_____
__**MasterCard**
__**Visa**
__**Discover**

Name:_____**Exp. Date:**_____
(As it appears on card)

Card Number

Signature:_____ **Amount:**_____

Email this completed form to robin@niles-parks.org
Drop off or mail this completed form and payment to Howard Leisure Center (6676 W. Howard St. Niles, IL 60714)
Call into our main office at 847-967-6633 if you have previously registered.

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in signing up and participating in this program you will be waving and releasing all claims for injuries you might sustain arising out of this program.

Please read this form carefully and be aware that in signing up and participating in the above identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided.)

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of participating in all these programs/activities against the Niles Park District, including its officials, agents, volunteers and employees (here-in after collectively referred as "District").

I do hereby fully release and forever discharge the District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of connected with, or in any way associated with these programs/activities.

If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effects as an original form signature.

Additionally, by signing this form, I am certifying that I qualify for the rate charged (i.e. if resident rate was charged, I am/my children are residents of the Niles Park District). If this is proven untrue, I realize that my park district privileges may be suspended or revoked.

Photos are periodically taken of participants in a class, during a special event or at the District's parks. Please be aware that these photos are for Park District use only and may be used in the District's publications.

I have read and fully understand the above important, warning or risk, assumptions of risk and waiver and release of all claims.

PLEASE PRINT Players Name_____

Parent/Guardian Signature _____**Date**_____