

# Athletic Roster

Team Name	Team Sponsor		
Manager	Address	City	Zip
Phone: (H)	(W)	Asst. Manager	Phone: (H) (W)
Email address	Email address		

**Waiver Form and Release of all Claims**

*"As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and to relinquish all claims I may have as a result of participating in the program against the Park District and its officers, agents, servants, and employees. I do hereby fully release and discharge the Park District and its officers, agents, servants, and employees from any and all claims from injuries including death, damage, or loss, which I may have or which may accrue to me on account of my participation in the program. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages, and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program. I have read and fully understand the above Program Details and waiver and Release of all Claims".*

*We, the undersigned, hereby acknowledge that each of us has read the above waiver and release form and each of us, individually, hereby agree to be bound by the terms of said waiver and release.*

Player's Name	Phone	Home Address/City/Zip	Age	Signature	Work Address/City/Zip
1					
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16					
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19					
20					

I certify the above to be correct

\_\_\_\_\_  
Signature of Team Manager/Date

## Registration Information

Make check payable to Palatine Park District or complete credit card information (Visa/Master Card/Discover). Full payment must be enclosed with registration. Do not send cash through the mail.

**FIVE WAYS TO REGISTER** (Please include information for each participant.)

- **Online:** [www.palatineparks.org](http://www.palatineparks.org) (Online registration begins at 8:30 am on February 20.)
- **Walk-In:** Processed in real-time. A receipt will be printed at the time of registration.
- **Drop-Off:** Place registration forms and payment in an envelope and drop off at either Community Center, 250 E. Wood St, Birchwood, 435 W. Illinois Ave, or Falcon Park, 2195 N. Hicks Rd.
- **Mail:** Mail registration forms and payment to Palatine Park District, Registration, 250 E. Wood St, Palatine, IL 60067.
- **Fax:** Fax registration forms with complete credit card information to 847-202-7317.

**Note:** When registering, the parent of the individual should note on the registration form if an NWSRA aide is needed in order for the individual to successfully enjoy the program.

### Waiver Required

Patrons WILL NOT be able to participate in classes or programs if the waiver is not signed. For Insurance purposes, Park District programs and activities require a signed waiver. Please sign the waiver area on the registration form (reverse side).

## REGISTRATION DATES

**Registration begins Monday, February 20 at 8:30 am** online at [www.palatineparks.org](http://www.palatineparks.org) and at the Community Center, Birchwood, and Falcon Park.

**Registration for Non-residents begins on Tuesday, March 20 at 8:30 am** for walk-in and online registration.

Walk-in registrants receive a receipt immediately. Online registrants must print a confirmation at the time of registration.

**Class Full:** In the event that the class is full you will be placed in your alternate choice, providing an opening exists. If your alternate choice is full, you will be placed on a wait list for your first choice.

**Wait List:** If you are placed on a wait list for a class, and an opening becomes available, you will be contacted by the registration department. If you wish to be transferred to an alternate class or receive a refund, please fill out the appropriate form and drop it off at Community Center, Birchwood, or Falcon Park.

### Camp Refund Policy

Our refund policy is 100%, minus the camp deposit, up to 10 days before camp starts and 50%, minus the camp deposit, after the second day of camp. Included in the full payment is the \$25 non-refundable, non-transferable deposit, per session, per person. Medical refunds are subject to review. Refunds for anything paid by VISA, MASTERCARD, or DISCOVER will be processed directly through your charge account. No refunds after June 13 for the 8 and 9 week camp.

## Release and Hold Harmless Waiver

By their very nature, many Park District programs involve body contact, substantial physical exertion, emotional stress, and/or use of equipment which represents a certain risk. It is recommended that you check with your physician prior to participating in Palatine Park District activities. Palatine Park District does not provide insurance protection for participants in Park District activities. Please read the following information carefully and be aware that in registering yourself or your minor child/ward for participation in the above program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the above program(s). I give my child permission to participate in this program, trip, or activity and hereby waive, release and forever discharge any and all claims against the Palatine Park District or its commissioners, employees, or volunteers for damages and/or injuries to the registrant, which may arise from participation in Palatine Park District programs. EMERGENCY TREATMENT: A minor may not be treated, even in an emergency, except when, in the opinion of the attending physician, a life is in the balance. Written consent is required for all treatment given in any hospital emergency room/center. Consent of a parent or legal guardian is necessary for unmarried minors, under 18, except in cases of extreme emergencies. TO WHOM IT MAY CONCERN: As a parent and/or legal guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above minor in the event of a medical emergency which, in the opinion of the attending physician may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. The release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence. Please list specific medical allergies, medicines, or other conditions on a separate piece of paper to be attached to this form.

**Release and Hold Harmless Statement on registration form must be signed.** PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.

