

LEAGUE NAME

TEAM NAME

COACH

PHONE #

ASST. COACH

PHONE #

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

NAME (Please Print)	ADDRESS	CITY	PHONE	SIGNATURE	AGE
1.					
2.					
3.					
4.					
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"As a participant of this 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 the above named program."

"I do hereby fully release and discharge the Park District and Recreation Department 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 above named program."