

SOCCER Fall 2018



Code #	Division	Player's Name	Birthdate	Age	Gender	Fee: \$69/\$79	Registration Taken by	Date

**Participants must register in the age division designated by Child birthyear*

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Emergency Phone: _____

EMAIL Address: _____

Co-Ed Soccer League

CODE	Birth Year		
222100-01	2011-2012	4 x 4 No Goalie	U8
222100-02	2009-2010	6 x 6	U10
222100-03	2007-2008	8 x 8	U12
222100-04	2005-2006	11 x 11	U14

Soccer Uniform Order Form

Participants Name _____

Item	Size (Please Circle the Size Needed)	Price	Quantity
Jerseys	YS, YM, YL, AS, AM, AL, AXL	\$18.00	
Shorts	YS, YM, YL, AS, AM, AL, AXL	\$12.00	
Socks	Youth or Regular	\$5.00	
Total		\$35.00	

Total Uniform Order _____

TOTAL DUE _____

INTER-VILLAGE COED SOCCER LEAGUE

IMPORTANT INFORMATION

The "Itasca and Wood Dale Park Districts" are committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The "Itasca and Wood Dale Park Districts" continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational programs/activities.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Basketball is intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury. All hazards and dangers cannot be foreseen. Certain risks include, but not limited to, collisions between players and stationary objects, inability to stop one's momentum and encountering off court dangers/hazards, unnecessary roughness (elbowing, hip checks, undercutting other players in the air, tripping and shoving), slip and falls, attempting a maneuver beyond the player's skill level (i.e. attempting a dunk), poor officiating, improper personal protective equipment, slippery floors, inadequate or unsafe playing conditions, failure in supervision, unsportsmanlike conduct, dangerous/defective court conditions, and all other circumstances inherent to sport of basketball. In this regard, it is impossible for the "Itasca and Wood Dale Park Districts" to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, 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 this program/activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, 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 said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the "Itasca and Wood Dale Park Districts", including its officials, agents, volunteers and employees.

In the event of an emergency, I authorize District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I will also comply with the guidelines of the WIBA Code of Conduct, the Character Counts Program, and NYSCA. I agree to never bring in any food or drinks into any of the gyms during WIBA league. If I do, I agree to clean up my mess as soon as any mess happens.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering via fax, my facsimile signature shall substitute for and have the same legal effect as an original form signature.

Player's Name (Please Print) Phone

_____/_____/_____
Signature of Parent/Guardian over 18 years old Date

*I am interested in coaching Itasca Soccer:

Name: _____ Phone: _____

EMAIL Address: _____