

HAMPSHIRE TOWNSHIP PARK DISTRICT

Registration Form

390 South Avenue • PO Box 953, Hampshire, IL 60140 • Fax: 847-683-1741

Primary Guardian			Secondary Guardian		
First	Last		First	Last	
Address		PO Box	Address		PO Box
City	State	Zip	City	State	Zip
Home Phone			Home Phone		
Work Phone		Extension	Work Phone		Extension
Cell Phone			Cell Phone		

Additional Information

Hampshire Township Resident Non-Resident

Email Address (Please make sure this is up to date as the vast amount of our communication is relayed though email)

Emergency Contact: _____ **Relation:** _____ **Phone :** _____

Participant (Include last name if different)	Birth Date	Gender(M/F)	Grade	Activity Name	Fee
1.)	/ /				\$
2.)	/ /				\$
3.)	/ /				\$
4.)	/ /				\$
<input type="checkbox"/> I would like to make a donation to the Hampshire Township Park District Scholarship Fund: Circle donation amount and add to Total Fee: \$5 \$10 \$15 \$20 \$_____					Total Fee: \$

Please describe any accommodation needed to have a successful inclusion in to the programs:

List any medical conditions:

Youth Sports only (Please circle)	Spring/Fall Soccer only (Please circle)
1.) Shirt Size: YXS(4-5) YS(6-8) YM(10-12) YL(14-16) AS AM AL AXL	Short Size: YS YM Y L AS AM AL AXL Sock Size: Youth Junior Adult
2.) Shirt Size: YXS(4-5) YS(6-8) YM(10-12) YL(14-16) AS AM AL AXL	Short Size: YS YM Y L AS AM AL AXL Sock Size: Youth Junior Adult
3.) Shirt Size: YXS(4-5) YS(6-8) YM(10-12) YL(14-16) AS AM AL AXL	Short Size: YS YM Y L AS AM AL AXL Sock Size: Youth Junior Adult
4.) Shirt Size: YXS(4-5) YS(6-8) YM(10-12) YL(14-16) AS AM AL AXL	Short Size: YS YM Y L AS AM AL AXL Sock Size: Youth Junior Adult

In your opinion please circle participants experience level (1 being new to activity):

1 2 3 4 5

Please circle days your child will NOT be available for practice:

Mon Tue Wed Thu Fri Sat Sun

Roster Notes: (Please check the most important request)

Friend Request (see additional form) Coach _____

Other (specify) _____ Practice Time _____

Sign the Waiver
 Please read the Wavier and Release on the reverse side of this form. I have read and fully understand the important warning of risk, assumption of risk and waiver and release of all claims on the reverse side of this form.

X _____
 Signature (Gaurdian's signature required if participant is under 18) _____ Date _____

Payment Options

Cash Check (# _____) Credit Debit HH Credit

Card # _____ Expiration Date ____/____ V-Code _____

Cardholder Name: _____ Signature: _____

REGISTRATION FORM

Waiver & Release

The Hampshire Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Hampshire Park District 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 the reverse listed programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or 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

Recreational activities/programs are 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 when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Hampshire Park District to guarantee absolute safety.

Waiver and Release of all Claims and Assumptions of Risk

Please read this form carefully and be aware that in signing up and participating in the identified programs/activities, listed on the reverse side 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 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 these programs/activities against the Hampshire Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as Hampshire Park District).

I do hereby fully release and forever discharge the Hampshire Park 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.