

Village of Elwood 2016 Soccer Registration Form

401 E. MISSISSIPPI AVE. ♦ ELWOOD, ILLINOIS 60421 ♦ 815-423-5011

Please fill out one Registration Form per family

PLAYER INFORMATION

Age Guidelines: On August 1, 2016, Players should be at least 4 years old and under 12 years old.
 Interested Players Age 12-13 years old: Please leave name & contact info for the recreation coordinator.

1st Child's Name _____

Birthdate _____ **Age on 8/1/2016** _____

2nd Child's Name _____

Birthdate _____ **Age on 8/1/2016** _____

3rd Child's Name _____

Birthdate _____ **Age on 8/1/2016** _____

4th Child's Name _____

Birthdate _____ **Age on 8/1/2016** _____

CONTACT INFORMATION

Address _____

Home Phone _____ **Email Address** _____

Parent/Guardian Name _____ **Cell** _____

Parent/Guardian Name _____ **Cell** _____

Alternate Contact, in case parent cannot be reached in an emergency

Name _____ **Phone** _____ **Cell** _____

VOLUNTEER SIGN UP

Elwood Soccer is a community program and is dependent on volunteers. WE NEED ONE PARENT/GUARDIAN FROM EACH FAMILY TO VOLUNTEER FOR A JOB.

- Each team requires a head coach and assistant coach, along with two team parents.
- All coaches must submit to a background check.
- Team parents will pick up/pass out uniforms, pictures and trophies; make snack lists and assist coaches in contacting parents.

Please select one of the following positions:

COACH
 ASSISTANT COACH
 TEAM PARENT

PAYMENT RECORD

1 Player	2 Players	3 Players	4 Players
\$70	\$130	\$180	\$240

DATE _____ REC. BY _____ Cash Check Credit Card

Village of Elwood 2017 Soccer Player Waiver/Uniform Order

PLEASE FILL OUT ONE WAIVER/UNIFORM ORDER FOR EACH PLAYER

PLAYER NAME: _____



JERSEY

CIRCLE ONE

YS YM YL

AS AM AL

AXL AXXL



SHORTS

CIRCLE ONE

YXS YS YM

YL AS AM AL

AXL AXXL



SOCKS

CIRCLE ONE

SMALL

INTERMEDIATE

LARGE

PARENTAL AUTHORIZATION/MEDICAL RELEASE

Physician's Name _____

Phone Number _____

Insurance Company _____

Policy Number _____

Allergies to medication _____

Medications Currently Taking _____

This is to certify that I the parent/guardian of _____ hereby grant permission to the adult manager, coach and business manager of the team to obtain medical care from any licensed physician, hospital or medical clinic for the player named herein at such times either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all league activities. We do hereby waive, release, absolve, indemnify and agree to hold harmless the Village of Elwood Parks and recreation department, the organizers, supervisors, participants for any claim arising out of an injury to the player.

PARENT/GUARDIAN SIGNATURE _____

DATE ____/____/____

WAIVER AND RELEASE OF ALL LIABILITIES ARISING OUT OF PARTICIPATION IN RECREATION PROGRAMS OF THE VILLAGE OF ELWOOD PARK AND RECREATION DEPARTMENT

The undersigned, being under no legal disability, and in consideration of the opportunity to participate in recreation and/or athletic activities conducted by the Village of Elwood Park and/or its Recreations Department, agrees as follows:

I hereby release, remise and discharge the Village of Elwood, its Park and Recreation Department, the Facility Owner and/or Host, their officers, servants, agents and employees from all injuries, losses, and damages to my person that shall have been caused or may at any time arise as the result of injuries, losses, and damages to my person that shall have been caused or may at any time arise as the result of my participation in such activities. It is my intention to completely, absolutely and finally release said Village of Elwood, its Park and Recreation Department and the Facility Owner and/or Host, the aforesaid persons from any and all liability arising wholly or partially from the cause aforesaid.

I do further state and certify that I am in good physical condition, and physically and emotionally capable of participation in such recreation/athletic programs. As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury, and agree to assume the full risk of any injuries, including death, damages or losses which I may sustain as a result of participating in any manner, in any and all activities connected with or associated with such program.

I agree to waive and relinquish any and all claims that I may have against the Village of Elwood, its Park and Recreation Department, the Facility Owner and/or Host, their officers, servants, agents or employees as a result of participating in the program.

The term "I", "me" and "my" refer to parents or guardians as well as participants in the program, I further understand and agree that terms such as "participation", "programs" and "activities" referred to in this Waiver and Release, include all exercises and physical movements of any nature while I am participating in the program.

I understand the nature of these program(s) for which I am registering and have read and fully understand this Waiver.

PARENT/GUARDIAN SIGNATURE _____

DATE ____/____/____

PHOTO RELEASE

The village of Elwood Recreation Department publishes photographs of village activities on the village Website, in monthly status report publications and in local newspapers. Please check one:

_____ I grant the Village of Elwood permission to publish my child's photograph.

_____ I do not grant the Village of Elwood permission to publish my child's photograph.

PARENT/GUARDIAN SIGNATURE _____

DATE ____/____/____