

**WAUKEGAN PARK DISTRICT 2010-11 OFFICIAL ATHLETIC TEAM ROSTER**

  SOFTBALL

  X  VOLLEYBALL

  BASKETBALL

  OTHER

TEAM NAME: \_\_\_\_\_

LEAGUE: \_\_\_\_\_

MANAGER'S NAME: \_\_\_\_\_

ASSISTANT MANGER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_

TELEPHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_

**\*ALL PLAYERS – PLEASE READ THE BACK OF THIS PAGE BEFORE SIGNING**

(Please print or type)

NAME	ADDRESS	CITY	ZIP	DOB	PLAYER SIGNATURE*
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

**Basketball: Min 5/Max 12 players**

**Softball: Min 10/Max 20 players**

**Volleyball: Min 6/Max 12 players**

I certify that all persons listed above are eligible to play and are under contract to play with my team until released or transferred by me and/or my assistant manager.

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Roster Frozen: \_\_\_\_/\_\_\_\_/\_\_\_\_

Rosters will not be accepted unless all information is complete on the roster.

## **SPORT CONTRACT/WAIVER/RELEASE OF CLAIMS**

1. I understand I cannot play in more than one league in the same sport unless individual program rules allow me to do so. See Program Supervisor for approval.
2. I understand that alcoholic beverages are not allowed on park and school property.
3. I will have photo I.D. with me at all games. If I am questioned and cannot produce identification. I will be removed from the game. If I cannot present photo I.D. when requested by the official or league supervisor, the game can be forfeited.
4. I further agree to abide by all of the rules and regulations of the Waukegan Park District, Waukegan School District, and all national and local league rules.

### **PENALTY FOR VIOLATING ABOVE REGULATIONS OF CONDUCT FOR EACH INDIVIDUAL LEAGUE.**

#### **IMPORTANT INFORMATION**

The Waukegan Park District is committed to conducting its recreation programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their children in recreation programs must recognize however, that there is an inherent risk of injury when choosing to participate in recreation activities. The Waukegan Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions, which have been designed to protect the participant's safety. Please recognize that the Waukegan Park District does not carry medical accidental insurance for injuries sustained in its programs. The cost of such would make program fee prohibitive. Therefore, each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance cover does not make the Waukegan Park District automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the District requires the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

#### **WAIVER AND RELEASE OF ALL CLAIMS**

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

As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume full risk of any injuries, including death, damages or loss which may sustain as a result of participating in any and all activities connected with or associated with such programs.

I waive and relinquish all claims I may have as a result of participating in the program against the District and its officers, agents, servants, and employees.

I do hereby fully release and discharge the District and its officers, agents, servants, and all employees from any and all claims resulting from injuries, including death, damages and losses which I may have or which may accrue to me on account of participation in the program.

I further agree to indemnify and hold harmless and defend the District and its officers, agents, servants, and all employees from any claims resulting from injuries, including death, damages and losses sustained by me or arising out of, connected with or, in any way associated with the activities of the program.

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

I have fully read and fully understand the above risk warnings of the program, Waiver and Release of All Claims, and Permission to Secure Treatment.