

**PLAYER REGISTRATION FORM**

*Please print / Form must be filled out completely*

**Parent/Guardian Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 STREET CITY ZIP  
 Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Email: \_\_\_\_\_

**Participant Information**

**Player 1 Registration**

Name: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ M/F: \_\_\_\_\_  
 League: \_\_\_\_\_  
 Code: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

**Player 2 Registration**

Name: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ M/F: \_\_\_\_\_  
 League: \_\_\_\_\_  
 Code: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

**If your registration includes a uniform, please complete the following section:**

**Player 1 Uniform Order**

Shirt Size:  Youth Sml  Youth Med  Youth Lrg  
 Shorts Size:  Youth Sml  Youth Med  Youth Lrg  
 Socks:  Youth Sml  Youth Med

**Player 2 Uniform Order**

Shirt Size:  Youth Sml  Youth Med  Youth Lrg  
 Shorts Size:  Youth Sml  Youth Med  Youth Lrg  
 Socks:  Youth Sml  Youth Med

**If you would like to purchase extra uniform pieces, please order your quantities below (\$10/shirt; \$5/shorts; \$5/socks):**

**Player 1 Additional Uniform Order**

Shirt Size: \_\_\_ Youth Sml \_\_\_ Youth Med \_\_\_ Youth Lrg  
 Shorts Size: \_\_\_ Youth Sml \_\_\_ Youth Med \_\_\_ Youth Lrg  
 Socks: \_\_\_ Youth Sml \_\_\_ Youth Med

**Player 2 Additional Uniform Order**

Shirt Size: \_\_\_ Youth Sml \_\_\_ Youth Med \_\_\_ Youth Lrg  
 Shorts Size: \_\_\_ Youth Sml \_\_\_ Youth Med \_\_\_ Youth Lrg  
 Socks: \_\_\_ Youth Sml \_\_\_ Youth Med

**Emergency Contact Information**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

**ADA/Special Accommodations Request:**

Do you have any special needs or medical concerns / limitations that we need to be aware of? If yes, please explain:

\_\_\_\_\_  
 \_\_\_\_\_

*Statement of Non-Discrimination: The Village of Hawthorn Woods prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, marital or family status.*

**Payment Information:**

**Payment Amount:** \$ \_\_\_\_\_  
**Payment Type:**  Cash  Check (#\_\_\_\_\_)  
 Visa  MC  Disc  AmEx  
**Account #:** \_\_\_\_\_  
**Exp Date:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_  
**Cardholder Name:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_

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

Signature of Participant or Parent/Guardian if participant is under the age of 18 \_\_\_\_\_ Date \_\_\_\_\_



**Village of Hawthorn Woods  
Program Registration Waiver  
2016**

**IMPORTANT INFORMATION**

The Village of Hawthorn Woods Park and Recreation Department is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Village of Hawthorn Woods 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 programs/activities listed must recognize that there is an inherent risk of injury when choosing to participate in recreational activities. You are solely responsible for determining if you or your minor child/ward is 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 are intended to challenge and engage the physical, mental and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of injury when participating in any recreational activity. 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, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises, defects, inadequate or defective equipment, inadequate supervision, instructing or officiating, and all other circumstances inherent to indoor and outdoor recreational activities exist. In this regard, it must be recognized that it is impossible for the Village of Hawthorn Woods Parks and Recreation Department 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 the identified programs, 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 these programs/activities (including/transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, 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 have (or accrue to me child/ward) as a result of participating in these programs against the Village of Hawthorn Woods Parks and Recreation Department, including its officers, officials, agents, volunteers and employees.

I do hereby fully release and forever discharge the Village of Hawthorn Woods Parks and Recreation Department, including its officials, agents, volunteers and employees 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 rising out of, connected with, or in any way associated with these programs/activities.

**Please Keep For Your Records**