

Sports Registration Form



Note: No Refunds can be given once teams are set-up

Please print and fill out ALL sections.

Email addresses are needed for coaches to communicate schedule changes or cancellations.

LIABILITY WAIVER: Participants in Frankfort Square Park District activities are not covered by medical or accident insurance. Each participant must furnish his/her own coverage. Many sports activities and programs have inherent elements of danger. Participants or parent permission is needed to call an ambulance in an emergency. As a participant (or as a parents of a participant under the age of 18), I hereby agree to save harmless and indemnify the Frankfort Square Park District, its trustees, and employees from any responsibility for any accident, injury or damage that may occur as a result of the participants act's or omissions. In case of an emergency or sickness, I consent to emergency medical care provided by ambulance or hospital personnel.

Signature of Parent/Guardian: _____

Participant's Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date:	Grade Level:	Height:
Parent's/Guardians Name:		
E-Mail Address:		
Home:	Work:	Cell:
Address:	City:	Zip Code:

Please put an "X" in the box next to the program registering for:

<u>Basketball*</u>		<u>Soccer</u>		<u>Girls Softball**</u>	
<input type="checkbox"/>	Girls League	<input type="checkbox"/>	Indoor	<input type="checkbox"/>	League
<input type="checkbox"/>	Shooting Stars Co-ed	<input type="checkbox"/>	Outdoor		
<input type="checkbox"/>	Youth Co-Ed				

*Does the participant have previous school or league basketball experience? Yes
 No

**Uniform Size (Please circle one): Girls - S (6/7) M (10/12) L (14/16)
 Ladies – S (4/6) M (8/10) L (12/14) XL (16/18) XXL

Sock Size (Please circle one): Youth (shoe 1-4) Intermediate (shoe 5-10) Adult (10.5 & up)

Visor Size (Please circle one): Youth or Adult (Adjustable)

Experience & Volunteer Opportunities

Please Rate Your Child's Ability (Please circle one): 1 2 3 4 5

Position(s) previously played: _____

I would like to (Please circle one) Coach Team Coordinator

Dad's Name: _____ Mom's Name: _____

Coach's E-Mail: _____