

WESTERN SPRINGS YOUTH SPRING LACROSSE 2010 REGISTRATION
1500 Walker St., Western Springs, Il. 60558 Phone 708-246-9070 Fax 708-246-1309

PLEASE PRINT

Player Name _____

Address _____ City/Zip _____

Birth Date _____ Age _____ Grade _____ School _____ Yrs Lax Exper _____

Parent Names _____ Home Phone _____ Cell Phone _____

Email Address – Please print clearly _____

Coaches Needed: Yes, I can help with my child's team. Experience not necessary – Training provided

Name _____ Phone number _____ Email: _____

Please circle Code Number ** Please note – No refunds after season practice begins **

<u>CODE#</u>	<u>DESCRIPTION</u>	<u>FEE</u>	
220245 M	INTRO TO LACROSSE Boys Grades 1-4	\$ 85.00 Resident	Late Fee after April 1 st add \$25.00
		\$100.00 Non Resident	Late Fee after April 1 st add \$25.00
220245 M1	INTRO TO LACROSSE Girls Grades 1-2	\$ 85.00 Resident	Late Fee after April 1 st add \$25.00
		\$100.00 Non Resident	Late Fee after April 1 st add \$25.00
220245 E	BOYS HOUSE – GRADES 5/6	\$150.00 Resident	Late Fee after April 1 st add \$50.00 *
		\$190.00 Non Resident	Late Fee after April 1 st add \$50.00 *
220245 F	BOYS HOUSE – GRADES 7/8	\$150.00 Resident	Late Fee after April 1 st add \$50.00 *
		\$190.00 Non Resident	Late Fee after April 1 st add \$50.00 *
220245 K	BOYS TRAVEL & HOUSE GRADES 5/6	\$450.00 Resident	Late Fee after March 1 st add \$50.00 *
		\$540.00 Non Resident	Late Fee after March 1 st add \$50.00 *
220245 L	BOYS TRAVEL & HOUSE GRADES 7/8	\$450.00 Resident	Late Fee after March 1 st add \$50.00 *
		\$540.00 Non Resident	Late Fee after March 1 st add \$50.00 *
220245 N	VOLUNTEER BUYOUT	\$25.00	* includes automatic buyout fee

<u>CODE</u>	<u>DESCRIPTION</u>	<u>FEE</u>	<u>Late Fee after April 12th</u>
220245 A	GIRLS LACROSSE – GRADES 3/4	\$155.00	add \$20.00
220245 B	GIRLS LACROSSE – GRADES 5/6	\$155.00	add \$20.00
220245 C	GIRLS LACROSSE – GRADES 7/8	\$155.00	add \$20.00

TOTAL AMOUNT Check Cash Visa Mastercard

ENCLOSED:\$ _____ Card # _____ Exp. Date _____

Name as it appears on credit card _____

Participation Waiver for Western Springs Recreation Department

Please read this carefully and be aware that by registering for and participating in programs or by registering your minor child/ward for participation in programs you will be waiving your rights and/or the right of your minor child/ward to all claims for injuries you or your minor child/ward might sustain arising out of programs and you will be required to indemnify, hold harmless and defend the Village of Western Springs for any claims arising out of participation in Recreation programs.

RISK OF INJURY: "As a participant in the programs, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with Recreation Department programs."

WAIVER OF INJURY CLAIMS: "I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the programs."

RELEASE FROM LIABILITY: "I do hereby fully release and discharge the Village of Western Springs and its officers, agents, and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may occur on account of participation in the programs."

INDEMNIFY AND DEFENSE: "I further agree to indemnify, hold harmless and defend the Village of Western Springs and its officers, agents, and employees from any and all claims from injuries, including death, damages, and losses sustained by me or my minor child/ward and arising out of connected with, or in any way associated with activities of the programs."

In the event of any emergency, I authorize the public entity to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand and agree to the above stated conditions of participation

Parent Signature _____ Date _____