

Spring and Summer Softball 2010

Captain's information

Last Name _____ First Name _____
 Home Phone _____ Cell phone _____
 Street Address _____
 (Street Number) (Street Name) (St., Av., Ln.)
 City _____ State _____ Zip _____
 Email address _____ Fax _____

S P R I N G	class code	day & level	fee	location	S U M M E R	class code	day & level	fee	location
	circle one		R/NR			circle one		R/NR	
	1134-6	Mon. B	\$330	Melas		1136-0	Mon. B	\$700/\$750	Melas
	1134-7	Mon. C	\$330	Melas		1136-1	Mon. C	\$700/\$750	Melas
	1134-8	Tues. ISA	\$330	Melas		1136-2	Tues. ISA	\$1000/\$1050	Melas
	1134-9	Tues. B	\$330	Melas		1136-5	Tues. B	\$700/\$750	Melas
	1135-0	Tues. C	\$330	Melas		1136-6	Tues. C	\$700/\$750	Melas
	1135-1	Wed. B	\$330	Melas		1136-7	Wed. B	\$700/\$750	Melas
	1135-2	Wed. C	\$330	Melas		1136-8	Wed. C	\$700/\$750	Melas
	1135-3	Thurs. A	\$330	Melas		1136-9	Thurs. A	\$700/\$750	Melas
	1135-4	Thurs. B	\$330	Melas		1137-0	Thurs. B	\$700/\$750	Melas
	1135-5	Thurs. C	\$330	Melas		1137-1	Thurs. C	\$700/\$750	Melas
	1135-6	Fri. A	\$330	Melas		1137-2	Fri. A	\$700/\$750	Melas
	1135-7	Fri. B	\$330	Melas		1137-3	Fri. B	\$700/\$750	Melas
	1135-8	Fri. C	\$330	Melas		1137-4	Fri. C	\$700/\$750	Melas
	1134-3	Sun. A	\$330	Melas		1137-5	Sun. A	\$700/\$750	Melas
	1134-4	Sun. B	\$330	Melas		1137-6	Sun. B	\$700/\$750	Melas
	1134-5	Sun. C	\$330	Melas		1137-7	Sun. C	\$700/\$750	Melas
	1135-9	Co-Rec 14" C	\$330	Melas		1137-8	16" Mon. B	\$700/\$750	Melas
						1137-9	16" Thurs. C	\$570/\$620	Cent.
						1138-0	12" Wom Wed. C	\$570/\$620	Meth.Cent.
						1138-1	16" Wom Thurs. C	\$570/\$620	Meth.
						1138-2	Co-Rec. 14" Fri. C	\$700/\$750	Melas/Cent/
						1138-3	Co-Rec. 14" Sun. C	\$700/\$750	Melas

CIRCLE ONE OPTION FOR PAYMENT

PAYMENT IN FULL OR \$150 DEPOSIT

Part 3 - Payment options

- Pay in full \$150 Deposit
 Money order/Cashier's check
 Gift Certificate (\$_____)
- Credit Card
 Visa Master Card Discover

Card Number _____
 Expiration Date mm/yy ____ / ____

Signature _____

Part 5 - Return Form

Mail: 410 N. Arlington Hts Rd. Arl Hts, IL 60004

Fax: 847.506.2735

Drop off: Administration Center, drop box in north parking lot



Part 4 - Please review and sign.

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 this program(s), 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 this program(s) (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program(s), 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 sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program(s) against the Arlington Heights Park District, including its officials, agents, volunteers and employees.

I have read and fully understand the above waiver and release of all claims and assumption of risk. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PARTICIPATION WILL BE DENIED

If the signature of adult participant or parent/guardian and date are not on the waiver.

X

 Participant's Signature Today's Date