



Dodgeball Days Outdoor Youth Nationals Registration Form

Friday, July 12, 2019 • Olympic Park | 1675 E. Old Schaumburg Road, Schaumburg

Age Divisions: <i>(check one)</i>	Youth Boys	Youth Girls
	<input type="checkbox"/> Completed/currently in grades 4-6 <input type="checkbox"/> Completed/currently in grades 7-8	<input type="checkbox"/> Completed/currently in grades 4-6 <input type="checkbox"/> Completed/currently in grades 7-8
Fee Per Team: <i>(six to 10 players)</i>	\$80 for the first three youth teams registered by your organization. \$50 for the fourth through 12th youth teams registered by your organization. \$45 for any additional teams beyond 12 teams registered by your organization.	

Team Name _____

Contact's Name _____ Birthdate _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____

Email _____


PLEASE COMPLETE AND SIGN THE ROSTER AND WAIVER ON THE REVERSE SIDE.

Make Checks Payable & Mail to:
Schaumburg Park District
220 E. Weathersfield Way
Schaumburg, IL 60193

Fax: 847-985-2461
Phone: 847-985-2144
Email: nikuta@parkfun.com

ADA Special Needs? Yes No

Total Team Fee Enclosed: \$ _____

Method of Payment: Cash Check Credit Card:    

Card # _____ CVC Code _____ Exp. Date _____

Print Name _____
(Please print as it appears on the credit card)

Signature _____

Office Use Only

Total Paid _____ Check # _____ Charge Cash Accepted _____ Date _____

National Amateur Dodgeball Association

OFFICIAL Season Roster

Please read the information below, and complete and sign the roster and waiver.

National Amateur Dodgeball Association and Schaumburg Park District waiver and release of claims and assumption of risk.

Please read this information carefully and be aware that in signing up and participating in this program/activity, 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/activity (including transportation services, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of the severity, that my minor child/ward or I may sustain as a result of participating in any and all activities connected with or associated with this program/activity. I further agree to waive and relinquish all claims my minor child/ward or I may have (or accrue to me or my child/ward) as a result of participating in this program/activity against Schaumburg Park District and the National Amateur Dodgeball Association, including their officials, agents, volunteers, employees and sponsors.

I do hereby fully release and forever discharge Schaumburg Park District and the National Amateur Dodgeball Association 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 arising out of, connected with, or in any way associated with this program/activity.

Team Name _____

Name	Address	City	State	Zip
Captain				
Email:		Parent Signature:		
2				
Email:		Parent Signature:		
3				
Email:		Parent Signature:		
4				
Email:		Parent Signature:		
5				
Email:		Parent Signature:		
6				
Email:		Parent Signature:		
7				
Email:		Parent Signature:		
8				
Email:		Parent Signature:		
9				
Email:		Parent Signature:		
10				
Email:		Parent Signature:		

Remember only 6 players on the court at one time.