

WE'VE GOTTA GO! **WORTH COMETS BASKETBALL CLUB** **FLY HIGH**
COMETS BOY TEAMS & GIRL TEAMS - GRADES 6-7-8 - FROSH/SOPH - JUNIORS HIGH

Participant's Full Name: _____ Birthdate: ____/____/____ Age: ____ Grade: _____ Boy: ___ Girl: ___
 Address: _____ City: _____ State: ____ Zip Code: _____
 Current School: _____ Home Phone: _____ Cell Phone: _____
 Email Address: _____ (to be used only by the league and not shared)

For all participants under the age of 18, a parent or guardian must fill out the information below and sign the Waiver at the bottom of the page

Parent/Guardian Full Name: _____ Relation to Participant: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Email Address: _____ (to be used only by the league and not shared)
 Address (if different than above): _____ City: _____ State: ____ Zip Code: _____

Registration Deadline: Friday, August 30th. Please inquire at the Worth Park District: 708-448-7080
 \$175 per player fee includes 2 uniforms (home & away), a team branded warm up shirt, team and individual photos, and invitation to our skills camp and team party.
 9 weeks of practice starts August 19th (Monday/Tuesday)
 at the Worth Park District Terrace Centre at 11500 S. Beloit, Worth.
 12 games will be played starting September 15th (2 games on Sundays for 6 weeks)
 at Romeoville Athletic Center at 55 Phelps Ave., Romeoville
 Registration volume will determine age levels and team availability.
Parent & Player Night: Friday, August 16th from 7-9pm at the Worth Park District
 Meet the coaches, find out more about the program, enjoy some snacks and refreshments!

Uniform & T-Shirt Size: ADULT S M L XL XXL

of Players _____
x \$175 per player =

Cash Check # _____ Make Checks Payable to: **Worth Park District**

Credit Card: MC VISA DISC AMEX CC Initial _____

Card #

Exp. Date CVC Code

\$

Total Due

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the above program(s), you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of Park District program(s). I recognize and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the Worth Park District and its officers, agents, servants and employees. I do hereby fully release and discharge the District and its officers, agents, servants, and employees from any and all claims from injuries, damages or loss which I or my minor child/ward 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 the activities or the program(s), to include all claims arising out of, connected with or in any way associated with the activities of the transportation service, including but not limited to boarding, exiting and transporting. In the event of any emergency, I authorize District officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for myself or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

PHOTO PERMISSION: I also give my permission for any photographs/videos of me/my child/ward taken by the park district at a park district program to be used for park district publicity purposes. I have read and fully understand the above information, warning of risk, assumption of risk, and waiver and release of all claims and permission to secure treatment. If registering online or via fax, I understand my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Signature: _____ Date: _____

(Signature of parent/guardian, or adult participant 18 years or older)

Submit Registration and payment to the Worth Park District Monday-Friday 9am-5pm
 11500 S. Beloit Ave., Worth, IL 60482 - Phone: 708-448-7080 - Fax: 708-448-4079
 Email: SAnalitis@WorthParkDistrict.org - Website: WorthParkDistrict.org

