



All Sports – Athletic Team Roster

League: ___ Co-Rec Softball ___ Men's 12" Softball ___ Volleyball ___ Basketball ___ Soccer

Season/Year: ___ Fall ___ Winter ___ Spring ___ Summer YEAR: _____

➤ **Team Contact Information: (Please print)**

Team Name (and Sponsor if Any): _____ Team MANAGER'S Name (First and Last) _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Emergency Contact/Phone _____ Email Address _____

➤ **Payment Options:**

Check VISA, MasterCard, or Discover Cash (Drop off in-person ONLY.)

*Make checks payable to Skokie Park District.

This section MUST be filled out if you are using VISA, MasterCard, or Discover.

– – – /

Account Number _____ Expiration Date (MO/YR) _____

\$ _____
Amount of Charge Cardholder Name (Please Print) Authorized Signature

Activity Number League Name Fee Team Name

➤ **Please Fill out Team Roster Information on Page 2 (ALL Players Must Be on Roster). Thank you!**

“As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume that full risk of any injury, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program.”

“I agree to waive and relinquish all claims I may have as a result of participating in the program against the program against the Skokie Park District and its officers, agents, servants, and employees.”

“ I do hereby fully release and discharge the Skokie Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage or loss which I may have or which may accrue to me on account of my participation in the programs.”

“ I further agree to indemnify and hold harmless and defend the Skokie Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with activities of the program.”

I have read and fully understood the above waiver and Release of All Claims.

Name	Signature	Address, Zip Code	Home/Cell Phone	Age
MANAGER 1.				
ASST. Manager 2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				