



# Buffalo Grove Park District Youth Soccer Registration

Code: Indicated Below  
Dates: \_\_\_\_\_ to \_\_\_\_\_, 202\_\_\_\_  
*Office Use Only*

Resident: \$95      Non-Resident: \$119  
(8 Games)

Please choose the grade your child is entering in the fall.

- Coed K/1    161234-01       Coed 2/3    161234-02       Coed 4/5    161234-03
- Coed 6/7/8    161234-04

## PLEASE PRINT

Player's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Parent Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_  
 Parent Cell: \_\_\_\_\_ Parent Cell: \_\_\_\_\_  
 Parent Email: \_\_\_\_\_ Parent Email: \_\_\_\_\_  
 Alternate Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Please list medical allergies, illness or any ADA accommodations needed: \_\_\_\_\_

Circle at least three (3) weekdays that the child can practice:    MON    TUE    WED    THU    FRI  
 School child attends: \_\_\_\_\_ Has your child played soccer on an organized team?    Y or N  
 Last season played soccer at BG Park District: \_\_\_\_\_ Coaches Name: \_\_\_\_\_

**Soccer Jersey required (mandatory for all players and requires an additional fee of \$27):**

Youth Small    Youth Medium    Youth Large    Adult Small    Adult Medium    Adult Large    Adult XL

### Can Parent Volunteer to Coach?

Name: \_\_\_\_\_ Head Coach: \_\_\_\_\_ Assistant Coach: \_\_\_\_\_

I have read the waiver on the reverse side of this form and understand that my signature is required in order to participate in Buffalo Grove Park District programs (must be 18 years old to sign). It is valid for the program dates as noted on this form and for credit card payment below.

SIGNATURE (Parent/Guardian): \_\_\_\_\_ DATE: \_\_\_\_\_

## FRIENDSHIP AND CAR POOL REQUESTS WILL NOT BE HONORED

Total Payment: \$ \_\_\_\_\_ ( ) CHECK #: \_\_\_\_\_ ( ) CASH  
 VISA/MC/DISC/AMEX: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV: \_\_\_\_\_ Approval: \_\_\_\_\_

### Waiver and Release of All Claims

Must be signed or registration cannot be processed. Please complete both pages and return with this form.

**BUFFALO GROVE PARK DISTRICT  
WAIVER AND RELEASE OF ALL CLAIMS**

Player's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in Buffalo Grove Park District programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of said programs.

I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s), including transportation services, for which I have registered and I agree to assume the full risk of any such injuries, damages or loss, regardless of severity, which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s), including transportation services. I waive and relinquish all claims I or my child/ward may have against the Park District and its officers, agents, servants and employees as a result of participation in any of these program(s), including transportation services. I hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of these program(s), including transportation services. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or by my child/ward, and arising out, connected with, or in any way associated with the activities of any of the program(s), including transportation services. Photo Disclaimer: Registrants and participants of programs and special events permits the Park District to take photos and videos of themselves and their child/ward for publication in the program brochure, website and additional uses as the Park District deems necessary unless the registrant or participant expressly files with the Park District a written objection as to photos or videos of themselves and/or their child/ward. I have read and fully understand the program details and waiver and release of all claims.

**BUFFALO GROVE PARK DISTRICT  
BEHAVIOR POLICY**

Part of the Mission of the Buffalo Grove Park District is to provide safe and wholesome programs, parks and facilities for our residents and guests. The Behavior Policy has been established to help fulfill this mission. We ask all staff, volunteers, participants and spectators to help us in our effort to provide the best possible environment to enjoy our recreation activities. The Behavior Policy is available for viewing at the Alcott Center or on our website at [bgparks.org](http://bgparks.org). Questions about this policy and the disciplinary procedure should be directed to the Director of Recreation and Facilities, or the Superintendent of Recreation at 847.850.2100.

I have read and fully understand the program details and waiver and release of all claims.

\_\_\_\_\_  
Signature of Participant  
*(Parent/Guardian if participant is under 18)*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Waiver and Release of All Claims**

**Must be signed or registration cannot be processed. Please complete both pages and return with this form.**