

Fon du Lac Park District's SOCCER CAMP REGISTRATION

Return this form or register online with payment by 6:00pm on July 31, 2019

Fon du Lac Park District Administration Center
201 Veterans Drive, East Peoria, IL 61611
(309) 699-3923 | www.fondulacpark.com

Player Name: _____		Gender: <input type="checkbox"/> Boy <input type="checkbox"/> Girl	Age: _____
Birth Date: ____/____/____	Grade: _____		School: _____
Address: _____		City: _____	Zip: _____
Email: _____		PLAYER SHIRT SIZE	
Parent / Guardian Contact Information:		<input type="checkbox"/> Youth X-Small (2-4)	<input type="checkbox"/> Youth Small (6-8)
		<input type="checkbox"/> Youth Medium (10-12)	<input type="checkbox"/> Youth Large (14-16)
Name: _____	Ph: _____	<input type="checkbox"/> Adult Small	<input type="checkbox"/> Adult Medium
Name: _____	Ph: _____	<input type="checkbox"/> Adult Large	<input type="checkbox"/> Adult X-Large

OFFICE USE ONLY

RESIDENT FEE: First Child: \$30 | Each Additional Child: \$25

NONRESIDENT FEE: First Child: \$35 | Each Additional Child: \$30

ONLINE REGISTRATION is available –www.fondulacpark.com

Amount Paid: \$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Charge	Date Paid: ____/____/19
Make Check payable to Fon du Lac Park District	Special: _____	Employee Initial: _____

ZERO TOLERANCE POLICY:

Fon du Lac Park District's Youth Soccer supports good sportsmanship in the interest and welfare of the players, referees, parents, and fans. Good sportsmanship is the attitude and behavior that exemplifies positive support for the program and the individuals participating in the program. All players, referees, coaches, parents, and fans are expected to demonstrate respect for others and display good sportsmanship at all times. Fon du Lac Park District's Youth Soccer program has adopted a "Zero Tolerance" policy to be enforced during all Park District sponsored events. Any person(s) demonstrating un-sportsmanlike, disrespectful or abusive conduct can or will be asked to leave the premises. Repeated or flagrant acts could result in removal from the program. Questions, comments and concerns should be directed to the Coordinator of Sports for the Fon du Lac Park District for in-house league.

PROGRAM WAIVER:

Please read this carefully and be aware in registering yourself, your child or ward for participation in this program you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program. As a participant in this program or parent/guardian of a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss 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. 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 Fon du Lac Park District and its officers, agents, servants, and employees. I do hereby fully release and discharge the Fon du Lac Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward on account of my participation in the program. I further agree to indemnify and hold harmless and defend the Fon du Lac Park District and its offers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connecting with, or in any way associated with the activities of the program. In case of accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel. I hereby consent to use my minor child/ward photograph in Fon du Lac Park District brochures, publications, slide presentations, etc.

I have read and fully understand the above program details, waiver, release of all claims and zero tolerance policy. Please talk to your participating child and explain the zero tolerance policy.

Parent or Guardian Signature: _____ Date: ____/____/19

ATTENTION PARENTS:

It is your responsibility to notify your coach of any medical conditions that are affected by athletic activities. Examples of these conditions are asthma or diabetes.

_____ initials of parent/guardian who has read and understands the above medical conditions statement.