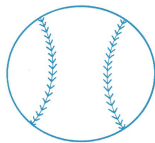
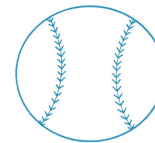


Inverness Park District
300 N. Highland Road
Inverness, IL 60067
847.934.6300
847.934.8867 Fax

Inverness T-Ball



Co-Ed teams are open to boys and girls ages 4-6
All Players must be 4 years of age by May 1, 2016
Weather permitting; practices will begin in mid April
All practices are held at South Park



Games are played at South Park on Saturday mornings in May & June
Resident Fee: \$79.00 Non-Resident Fee: \$89.00

2016 T-Ball Registration Form

Print Participant's Name: _____
Last First

Full Address: _____
Street City Zip

Male/Female: ___ Birthdate: _____ Age: _____ Grade: _____ School: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Check here if you are interested: Coaching _____ Sponsor _____

If you would like to be placed with other participants please list: _____

We will attempt, but cannot guarantee to meet your request.

Shirt size: Youth XS (2-4) _____ Youth S(6-8) _____ Youth M (10-12) _____ Youth L(14-16) _____

A \$20 withdrawal fee will be imposed after practices begin. No refunds issued after May 1, 2016

All participants should consult a doctor to determine their health status.

WAIVER & RELEASE OF ALL CLAIMS

PLEASE READ THIS FORM CAREFULLY AND BE AWARE THAT IN SIGNING UP AND PARTICIPATING YOU WILL BE WAIVING AND RELEASING ALL CLAIMS FOR INJURIES YOU MIGHT SUSTAIN OUT OF THIS PROGRAM.

“AS A PARTICIPANT OF 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 DAMAGES OR LOSS WHICH I MAY HAVE AS A RESULT OF MY (OR MY CHILD’S) PARTICIPATION IN THIS PROGRAM.”

I agree to waive and relinquish damage and losses sustained by me (or my child’s) immediate care and agree that I will be responsible for payment of any and all medical services rendered.”

I HAVE READ AND FULLY UNDERSTAND THE ABOVE PROGRAM DETAILS AND WAIVE & RELEASE ALL CLAIMS

Signature: _____ Relationship: _____

Print Name: _____ Date: _____