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**PARK DISTRICT**

# NATIONAL AMATEUR DODGEBALL ASSOCIATION EVENT REGISTRATION FORM

**EVENT NAME:** \_\_\_\_\_

**EVENT DATE:** \_\_\_\_\_

**AGE DIVISIONS: Please Check One**

- |   |  |
|---|--|
| <input type="checkbox"/> Boys entering/currently in grades 4-6  | <input type="checkbox"/> Girls entering/currently in grades 4-6  |
| <input type="checkbox"/> Boys entering/currently in grades 7-8  | <input type="checkbox"/> Girls entering/currently in grades 7-8  |
| <input type="checkbox"/> Boys entering/currently in grades 9-12 | <input type="checkbox"/> Girls entering/currently in grades 9-12 |
| <input type="checkbox"/> Adult Male 18 yrs and older            | <input type="checkbox"/> Adult Female 18 yrs and older           |
| <input type="checkbox"/> Adult Male 35 yrs and older            | <input type="checkbox"/> Adult Female 35 yrs and older           |
| <input type="checkbox"/> Adult Co-Rec                           | <input type="checkbox"/> Adult Senior 55 yrs and older           |

**READ BELOW AND FILL OUT AND SIGN INFORMATION ON THE OTHER SIDE OF THIS FORM**

**NATIONAL AMATEUR DODGEBALL ASSOCIATION & SCHAUMBURG PARK DISTRICT  
 WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

Please read this information carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of participating in any and all activities connected with or associated with this program/activity. I further agree to waive and relinquish all claims my minor child/ward or I may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Schaumburg Park District and the National Amateur Dodgeball Association, including their officials, agents, volunteers, employees, and sponsors.

I do hereby fully release and forever discharge the Schaumburg Park District and the National Amateur Dodgeball Association from any and all claims for injuries, damages or loss that my minor child/ward or I 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 this program/activity.

**ADA Special Needs? Call 847-490-7020.**

Yes  No

**Total Team Fee Enclosed:** \$ \_\_\_\_\_

**Method of Payment:**

Cash

Check



Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

**Office Use Only**

Total Paid \_\_\_\_\_ Check# \_\_\_\_\_  Charge  Cash Accepted \_\_\_\_\_ Date \_\_\_\_\_

**TEAM NAME** \_\_\_\_\_

Your signature below indicates you have read and agree to the "Waiver and Release of All Claims and Assumption of Risk" on other side.

**CAPTAIN**

Name \_\_\_\_\_ M F

Age \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Player Signature \_\_\_\_\_

Parent/Guardian Signature (if player is under 18 yrs)

**PLAYER 2**

Name \_\_\_\_\_ M F

Age \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Player Signature \_\_\_\_\_

Parent/Guardian Signature (if player is under 18 yrs)

**PLAYER 3**

Name \_\_\_\_\_ M F

Age \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Player Signature \_\_\_\_\_

Parent/Guardian Signature (if player is under 18 yrs)

**PLAYER 4**

Name \_\_\_\_\_ M F

Age \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Player Signature \_\_\_\_\_

Parent/Guardian Signature (if player is under 18 yrs)

**PLAYER 5**

Name \_\_\_\_\_ M F

Age \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Player Signature \_\_\_\_\_

Parent/Guardian Signature (if player is under 18 yrs)

**PLAYER 6**

Name \_\_\_\_\_ M F

Age \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Player Signature \_\_\_\_\_

Parent/Guardian Signature (if player is under 18 yrs)

**PLAYER 7**

Name \_\_\_\_\_ M F

Age \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Player Signature \_\_\_\_\_

Parent/Guardian Signature (if player is under 18 yrs)

**PLAYER 8**

Name \_\_\_\_\_ M F

Age \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Player Signature \_\_\_\_\_

Parent/Guardian Signature (if player is under 18 yrs)

**PLAYER 9**

Name \_\_\_\_\_ M F

Age \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Player Signature \_\_\_\_\_

Parent/Guardian Signature (if player is under 18 yrs)

**PLAYER 10**

Name \_\_\_\_\_ M F

Age \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Player Signature \_\_\_\_\_

Parent/Guardian Signature (if player is under 18 yrs)