

Sandwich Park District Registration Form

Please fill out completely. Payment must accompany registration.



Registering for our classes/leagues automatically registers you in our text program that will let you know about cancellation/changes in classes due to weather, etc.

In-District Non-Resident Non-Resident Card holder New Address

Residential Parent/ Guardian First and Last Name _____

Address (in-district address may require verification) _____

City _____ State _____ Zip Code _____

Home Phone _____

Cell Phone _____

Email address _____

*Emergency Contact _____ Phone Number _____ Relation _____

**In case of an emergency, an attempt will be made to contact a parent via main/cell phone. If a parent cannot be reached, the Sandwich Park District will contact the emergency contact. In the event of an emergency, I authorize the Sandwich Park District to secure any/all necessary medical attention from and accredited hospital and or ward and further agree that I will be responsible for any and all medical services rendered.*

Medical or special needs/ Allergies/ Comments:

PARTICIPANTS NAME (FIRST AND LAST NAME)	BIRTHDATE Month/Date/Year	GRADE	GENDER	PROGRAM/ ACTIVITY	PROGRAM/ACTIVITY CODE	SHIRT SIZE YS, YM, YL Adults S, M, L, XL	FEE
			M / F				
			M / F				
			M / F				
			M / F				

(Softball Girls) Team/Coach Preference 1. _____ 2. _____ 3. _____

**Returning players may request previous year's coach.

*** A birth certificate is required for new players in the SPDGSL.

Are you interested? COACH ___ ASST. COACH ___ REFEREE ___ YOUR SHIRT SIZE ___
 We will call to discuss. Best phone # to call _____ Best time to call _____

***WAIVER AND RELEASE OF ALL CLAIMS**

As a participant in the above program(s), those listed above recognize and acknowledge that there are certain risks of physical injury and those listed above agree to assume the full risk of any injuries, including death, damages or loss which those listed above sustain as a result of participation in any and all activities connected with or associated with such programs. Those listed above agree to waive and relinquish all claims those listed above may have as a result of participation in the program(s), against the Sandwich Park District, its officers, agents, servants and employees. Those listed above hereby fully release and discharge the Sandwich Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss which may accrue to those listed above on account of participation in the program(s).

Those listed above further agree to indemnify and hold harmless and defend the Sandwich Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by those listed above arising out of, connected with, or in any way associated with the activities of the program(s).

Refund Policy: Refund checks for cash or check purchases, will be mailed following the Board of Commissioners meeting on the second Wednesday of each month.

I have read the above recreation waiver and release of all claims, and understand that my signature is required below in order to participate in any Sandwich Park District programs. Signature is required of all participants 18 years or older and of parent/guardian for those participants under 18 years of age.

***Signature** of parent / guardian or adult participant Date _____

Photo Release— The SPD takes photos of programs, activities, and participants. Please be aware that these photos may be used in various types of publicity. Initial if you **DO NOT** agree to terms of the photo release. _____

For Office Use Only ___ Rec Trac ___ Receipt ___ Card Processed ___ Signed ___ Widget

Check one: Visa ___ MasterCard ___ Discover ___ Cash ___ Check # _____
 _____ - _____ - _____ Exp. _____ - _____ CVV2# _____