Des Plaines Park District Waiver Form

Team Name:	am Name: League:													
We, the undersigned, hereby acknowledge that each of us has read the waiver and release form on the reverse side and each of us, individually, hereby agrees to be														
	bound by the terms of the said waiver and release. Name Address Phone Signature Wk 1 Wk 2 Wk 3 Wk 4 Wk 5 Wk 6 Wk 7 Wk 8 Wk 9 Wk 10													
Name	Address	Phone	Signature	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	Wk 7	Wk 8	Wk 9	Wk 10	
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Each Player must sign their own signature, and this signature is for both the roster and Waiver & Release for all Claims Form