

**Villa Park Recreation Department
2010 Spring/Summer Softball**

	Men's 16" Softball	Under 30 Men's 16" Softball	Co-Rec 14" Softball	Men's Pre-Season 16" Softball Tournament
Day	Friday	Thursday	Wednesday	Saturday
Number of Games	12	8	10	Guaranteed 2 Games
Cash Awards	\$1000	\$300	\$500	\$250
Start Date	April 23	May 27	May 19	April 17
2010 Entry Fee	\$649	\$459	\$569	\$169
Registration Deadline	April 10	May 15	May 8	April 10
Captains Meeting	April 14 6:00 p.m.	May 20 6:00 p.m.	May 13 6:00 p.m.	N/A

Registration Procedures

- Registration for all teams begins on Monday, Jan 25.
- Registration will be taken at the Iowa Community Center, 338 N. Iowa Avenue, Monday - Friday, 8:30 - 4:30 p.m. and Saturday, 9:00 - 2:00 p.m.
- Total entry fee must be paid in full at time of registration and accompanied by the team application. Payment can be made via cash, money order, cashiers check, sponsor check personal check (up to \$150 maximum), visa or mastercard.
- Any team requesting a refund must do so prior to the registration deadline in order to receive a 100% refund. Any team requesting a refund after this date will receive 75% off their entry fee.
- Players must be a minimum of 18 years of age (17 for Under 30 League) by the teams first scheduled game.

Scheduling Notes

- League start dates are subject to change.
- Scheduling requests must be made in writing by the registration deadline. We will try to accommodate reasonable scheduling requests as best we can. Schedules will be available at the pre-season captains meeting.

For additional information, please contact Stephen Munsie at (630) 834-8970 or steve@vprd.org.

**Villa Park Recreation Department
Adult Softball League Registration Form**

Captain's Name _____ Date _____

Address _____ City _____ ZIP Code _____

Primary Phone _____ Alternate Phone _____ E Mail _____

Team Name _____

Sponsor (if any) _____

Returning Team _____

New Team _____

Please Check

_____ Men's 16" Friday \$649

_____ Men's Under 30 16" \$459

_____ Co-Rec 14" \$569

_____ Men's Pre-Season Tournament \$169

Check/Check # _____ Visa _____ Mastercard _____ Total Payment \$ _____

Cardholder Name (please print) _____

Card Number _____ Exp Date _____

Authorized Signature _____

Date _____

FOR OFFICE USE ONLY

Team Payment: Amount _____ Cash _____

Date Received: _____ In _____ Out _____

Villa Park Recreation Department League Roster

Team Name _____
 Captain _____ Address _____
 City _____ Zip _____
 Primary Phone _____ Secondary Phone _____
 Email _____

Men's 16" _____ Under 30 16" _____ Co-Rec _____ Tournament _____

Name (Print Clearly)	Signature	Address	City	Primary Phone
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

Read the waiver on the reverse side of this roster and be aware that by signing this roster and participating in the league, you will be waiving and releasing all claims for injuries you might sustain participating in this league.

Waiver Emergency Treatment Permission

Waiver/Release of All Claims and Emergency Treatment Permission

Please read this form carefully and be aware that by signing this form and participating in the programs listed that you will be waiving and releasing all claims for injuries you or your children might sustain arising out of these programs.

Release and Hold Harmless Agreement

As a participant in this Villa Park Recreation Department program, I recognize and acknowledge that there are certain risks of injury and I waive and relinquish all claims I or my children may have as a result of participating in this program against the Village of Villa Park and its officials (either elected or appointed), commissioners, officers, agents, employees, and volunteers. I further agree to indemnify, hold harmless and defend the Village of Villa Park and its officials (either elected or appointed), commissioners, officers, agents, employees, and volunteers from and against any and all claims, suits, or cause of actions, including reasonable attorney's fees, sustained or caused by myself or my children arising out of, in connection with, or in any way associated with the activities of this program.

I give my child permission to participate in this program, and on the child's behalf as parent and/or legal guardian I hereby waive, release and forever discharge any and all claims against the Village of Villa Park and its officials (either elected or appointed), commissioners, officers, agents, employees, and volunteers for damages and/or injuries which may arise from my child's participation in this program.

Emergency Treatment Permission

I understand that a minor may not be treated, even in an emergency situation, except when, in the opinion of the attending physician, life is in the balance. Consent of a parent or legal guardian is necessary for unmarried minors (under 18) except in such cases. Written consent is required for all other treatment.

Accordingly, as a parent and/or legal guardian, I do herewith authorize the treatment of the minor enrolling in this program in the event of a medical emergency, including administration of first aid, as appropriate, and further agree that I will be responsible for payment of any and all medical services rendered. I understand that the Village does not provide medical insurance for program participants.

I agree that any person or entity, including any doctor, or healthcare provider, may rely on a photocopy of this document the same as if it were an original.

Acknowledgement

I have read and fully understand the registration policies, the "Release and Hold Harmless Agreement" and the "Emergency Treatment Permission". This release and medical authorization form is completed and signed of my own free will even though I understand it is a requirement for participation in this program. I represent to the Village of Villa Park that I am familiar with the program and its physical demands and I attest and verify that the participant, whether myself or my child is physically fit for this program.