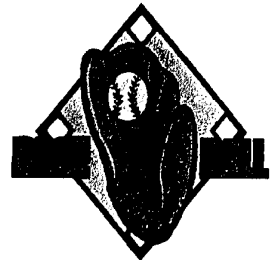


'AAA' BASEBALL

NEW SUMMER BASEBALL LEAGUE



Play another season of baseball. A new 10 game league is in the works. The league is for 12-15 year olds. Join today.

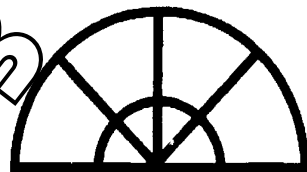
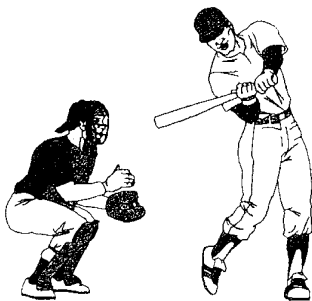
Date: July-August

Registration Deadline: Open Until Filled

Fee: \$35

Location: Dee Park

If you have any questions, please contact Brian at (847) 297-3000 EXT. 22



GOLF MAINE

PARK DISTRICT



Golf Maine Park District Youth Baseball Registration Form

Parent/Guardian Last Name _____ First Name(s) _____

Address _____ City _____ Zip _____

Home Phone# _____ Work Phone# _____

Emergency Name _____ Relationship _____

Emergency Contact's Home Phone# _____ Work Phone# _____

Physical Limitations of Participant(s) _____

<u>Participant's Name</u>	<u>Program</u>	<u>Level</u>	<u>Birthdate</u>	<u>Age</u>	<u>Fee</u>
_____	Youth Baseball				
_____	Youth Baseball				
_____	Youth Baseball				

Shirt Size	<input type="checkbox"/> M (10-12) <input type="checkbox"/> YL (14-16) <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL
<input type="checkbox"/> I Need Pants	<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL
<input type="checkbox"/> I Have Pants	(\$5 off League Fee) Minus _____

Remit to: Golf Maine Park District ● 8800 Kathy Lane ● Niles, IL 60714-5708
Phone 847-297-3000 ● Fax 847-297-6179

WAIVER FORM & 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 programs(s) against the Golf Maine Park District, its officers, agents, servants and employees. Those listed above hereby fully release and discharge the golf maine 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 Golf Maine 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).

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 Golf Maine 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.

Participants Signature Or Parent/Legal Guardian Signature (if participant is under 18 years) _____ Date _____

****Office Use Only**** Date Payment Received _____ Receipt # _____ Staff Initials _____