

WINTHROP HARBOR PARKS & RECREATION DEPARTMENT

REGISTRATION FORM

830 Sheridan Road, Winthrop Harbor, IL 60096 (847) 746-3505 FAX: (847) 746-3852

www.winthrop harbor.com

DATE: _____
 PARENT NAME: _____
 ADDRESS: _____
 CITY/TOWN: _____
 ZIP CODE: _____

HOME PHONE () _____
 BUSINESS PHONE () _____
 CONTACT IN CASE OF EMERGENCY:
 NAME: _____
 PHONE () _____

E-MAIL ADDRESS: _____

NOTICE REGARDING INSURANCE

There is no accident coverage provided with this sports program. Therefore, it is very important that you provide the following in order for your son or daughter to participate.

Name of Accident Insurance Carrier: _____
 Policy Number: _____

Physician's Full Name: _____
 Address: _____
 Phone: () _____

Participant's Name	Age	Grade	Birthdate	Sex	Activity Name	List Correct <i>Shirt & Pant</i> Size <i>Youth: S,M,L or Adult: S,M,L,XL</i>	Fee
TOTAL							\$

Signature Required
 (I have read & agree with Liability Waiver on back)

 Parent/Guardian Date

Checks or Cash ONLY
 Make checks payable to Village of Winthrop Harbor
 Check #: _____ Check Amt. \$ _____
 or Cash Amount \$ _____
 You can mail or deliver this registration form, along with your payment to the Village Hall (address listed above) 8-4:30 PM Monday - Friday.

YOUTH ATHLETIC SPONSORSHIPS
 I will sponsor a Baseball/Softball (X) _____ Team
 I do/do not (circle one) have a son/daughter enrolled in the program.
 I wish to sponsor:
 Child's name: _____
 Sponsorships for Baseball/Softball is \$100 per team.
 All sponsors receive a plaque of team & banner recognition.
 Any questions contact Recreation at (847) 746-3505.
 Your name: _____
 Business Name: _____
 Phone #: _____

Medical Concerns:
 Name: _____
 Comments: _____

