WINTHROP HARBOR PARKS & RECREATION DEPARTMENT

REGISTRATION FORM

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

www.winthropharbor.com

DATE:_____ HOME PHONE ( )_____

PARENT NAME:_____ BUSINESS PHONE ( )_____

ADDRESS:_____ CONTACT IN CASE OF EMERGENCY:

CITY/TOWN:_____ NAME:_____

ZIP CODE:_____ 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.

Physician's Full Name:_____

Name of Accident Insurance Carrier:_____ Address:_____

Policy Number:_____ Phone:( )_____

Participant's Name	Age	Grade	Birthdate	Sex	Activity Name	List Correct *Shirt* & Short Size *Youth*: S,M,L or *Adult*: S,M,L,XL	Fee
					BASKETBALL		
					BASKETBALL		
						TOTAL	$

Signature Required

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

_____ _____

Parent/Guardian Date

YOUTH ATHLETIC SPONSORSHIPS

I will sponsor a Basketball (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 Basketball 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 #:_____

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.

Medical Concerns:

Name:_____

Comments:_____