

VILLA PARK • Parks and Recreation

SOFTBALL SUMMER - FALL 2020

Revised Registration based on Survey Monkey results.

ALL Games will be played on Fridays starting Friday, July 10.

Players are encouraged to participate in both Men's 16" Softball and also Co-Rec 14" Softball

	Men's 16" Softball	Co-Rec 14" Softball
Registration Fee	\$699	\$699
Game Day	Friday	Friday
Number of Games	10	10
Registration Deadline	Monday, July 6, 2020	Monday, July 6, 2020
First Game Date	Friday, July 10	Friday, July 10
Captain's Meeting	Wednesday, July 8 at 6:30 pm	Wednesday, July 8 at 6:30 pm
Total Awards	Awards based on number of registered teams.	

Registration Procedures

- At this publication our offices are closed to the public. Call the office to verify office hours as we phase to opening 630-834-8970.
- Registration will be accepted by credit card or business check (No personal checks) via:
 - US Postal service mail to: Iowa Community Center, 338 N. Iowa Avenue, Villa Park, IL 60181.
 - Credit only via email to: searl@invillapark.com.
 - Credit only via fax to 630.834.8982.
- Cash will not be accepted. Credit cards accepted: Visa, MasterCard or Discover.
- Total entry fee must be paid in full at time of registration and accompanied by the team application.
- 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% of their entry fee.
- Players must be a minimum of 18 years of age by the team's first scheduled game.
- Complete the W9 Disbursement form if you are electing to receive any monetary league awards.

Scheduling Notes

- League start dates are subject to change.
- Scheduling requests must be made in writing at the time of registration.
- Scheduling requests are NOT guaranteed.
- Schedules will be available at the pre-season captains meeting.
- Games cancelled due to unplayable field conditions may be scheduled on alternate days by the Program Supervisor.

For additional information, please contact Program Supervisor,
Sue Earl at (630) 834-8970 or searl@invillapark.com

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Iowa Community Center • 338 N. Iowa Ave. Villa Park, IL 60181
Office 630.834.8970 Fax 630.834.8982

www.invillapark.com

VILLA PARK • Parks and Recreation
Team Registration Form
2020 SUMMER - FALL SOFTBALL
The year of the stinkin' COVID

Captain's Name _____ Date _____

Address _____ City _____ ZIP _____

Primary Phone _____ Alternate Phone _____ E Mail _____

Team Name _____

Sponsor (if any) _____

Returning Team _____

New Team _____

Please Check

_____ \$699 Men's 16" League

_____ \$699 Co-Rec 14" League

Total Payment \$ _____

**Business/Sponsor, or
Cashier's Checks Only.**

[No personal checks.](#)

Check # _____

Cash \$ _____

Visa _____

Mastercard _____

Discover _____

Cardholder Name (please print) _____

Card Number _____ Exp. Date _____ CVV _____

Card Holder's Signature

Date

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League Roster

2020 SUMMER - FALL SOFTBALL The year of the stinkin' COVID

Team Name _____

Captain's Name _____ Address _____

City _____ Zip _____ Primary Phone _____

Secondary Phone _____ Email _____

Circle League

Men's 16"

Co-Rec 14"

Print first and last name	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.

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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 • Parks and Recreation 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.

Print Participant's First and Last Name

Signature of Participant

Check ONE box

- I, _____ the captain elect to have my team's league winnings applied to next year's league registration. I choose to not complete the W9 tax form.
- I, _____ the captain elect to have my team's league winnings issued to me in the form of a check. Please find my completed W9 form attached.

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