

VILLA PARK • Parks and Recreation
SPRING / SUMMER SOFTBALL 2022

	Co-Rec 14" Softball	Men's 16" Softball
Game Day	Wednesday	Friday
Number of Games	9	10
Registration Fee	\$629	\$699
Start Date	Wednesday, May 4, 2022	Friday, May 6, 2022
Total Awards	Awards based on number of registered teams	
Registration Deadline	Tuesday, April 21	Tuesday, April 21
Captain's Meeting	Thursday, April 28, 7 pm	Thursday, April 28, 6 pm
	ATA05-30	ATA04-30

Registration Details

- **Total registration fee must be paid in full at time of registration and accompanied by the team application.**
- Registration will be taken at the Iowa Community Center, 338 N. Iowa Avenue, Monday-Friday 9am-5pm.
- Payment can be made via cash, business check, and **(No personal checks)** Visa, MasterCard or Discover.
- **If paying with a credit card, you must either register online or come to the Iowa Community Center to complete your registration.**
- 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.
- Co-Rec teams must have 5 players of one gender and 4 of the other.
- 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, provided all teams have registered.
- Games cancelled due to unplayable field conditions may be scheduled on alternate days by the Program Supervisor.

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

VILLA PARK • Parks and Recreation
630.834.8970
www.invillapark.com

VILLA PARK • Parks and Recreation
Spring SOFTBALL 2022
Team Registration Form

Today's Date _____

Captain's Name _____ Team Name _____

Mailing Address _____ City _____ ZIP _____

Primary Phone _____ Alternate Phone _____

E Mail _____

Sponsor (if any) _____

CIRCLE ONE Returning Team New Team

Please Check

_____ Men's 16" **Friday** League \$699

_____ Co-Rec 14" **Wednesday** League \$629

Total Payment \$ _____ Cash \$ _____

<p><i>No personal checks.</i></p> <p>Business/Sponsor, or Cashier's Checks Only.</p> <p>Check # _____</p>
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No personal checks.

Payment can be made via cash, business check, and (No personal checks) Visa, MasterCard or Discover.

Registration with Cash or Sponsor Check: (No personal checks)

- If paying by cash hand-deliver to Villa Park Recreation with completed registration form to the Iowa Community Center 338 N Iowa Ave. Villa Park, IL 60181
- If paying by sponsor check, either hand-deliver or mail your sponsor check with completed registration form to Villa Park Recreation at the Iowa Community Center 338 N Iowa Ave. Villa Park, IL 60181.
- If your sponsor check will arrive after registration, please pay by credit card and we will refund your credit card when your sponsor check clears.

Registration with Credit Card:

Our new credit card processing system requires you to pay by credit card in one of two ways:

- **In-Person** - Bring your completed registration form with your credit card to the Iowa Community Center at 338 N Iowa Ave. Villa Park, IL 60181.
- **Online** - Email searl@invillapark.com for the registration link, complete the online registration and use your credit card to pay the fee.

VILLA PARK • Parks and Recreation
Spring SOFTBALL 2022
League Roster

**Bring completed
Roster to Captain's
meeting.**

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.

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.

Print Participant's First and Last Name

Signature of Participant

Date

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.

W9 form attached.