



Wheatland Athletic Association Program Registration Form

See specific program details at www.waasports.org

Check # _____ / _____
Last Name _____
Date Rec'd _____

Main Contact Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ E-mail _____

Subdivision _____ School _____

Special Request _____

Mail in registrations payable to: Wheatland Athletic Association, 2323 Liberty St., Aurora, IL 60502

Player Name (First and Last)	Birthdate	Current Grade	Male or Female	Program Name	Fee	Code Office Use

Our programs cannot run without the help of volunteer coaches! For information on volunteer coaching please visit our website.

___ Head Coach* ___ Assistant Coach* Volunteer Name (must be 18 years old) _____

Phone Number _____ E-mail _____

PARTICIPANT/PARENT/GUARDIAN/VOLUNTEER WAIVER AND RELEASE FORM

Wheatland Athletic Association, Inc. ("WAA") is committed to conducting its programs, services, and activities (collectively "WAA Activities") in a safe manner and holds the safety of all WAA volunteers and participants in high regard. Volunteers, participants and parents/guardians of minor volunteers and participants must recognize that there is an inherent risk of injury when choosing to volunteer or participate in performing and/or otherwise assisting in WAA Activities. You are solely responsible for determining if you and/or your minor child/ward are physically fit and/or adequately skilled to participate or volunteer in WAA Activities. You hereby represent to WAA that you have consulted a physician before participating or volunteering in any WAA Activities and that you and/or your minor child/ward do not have any health issues which would preclude you from participating or volunteering in WAA Activities. You also agree that at the request of WAA, its representative, employee, or a volunteer coach, you may be required to attend all practices and games with your child if additional supervision is deemed necessary by WAA, it's representative, employee, or a volunteer coach.

Participating and volunteering in WAA Activities often challenge and engage the physical, mental and emotional resources of each participant and volunteer. Despite careful and proper preparation and instruction there is still a serious risk of injury when acting as a participant or volunteer in WAA Activities. All hazards and dangers can't be foreseen. In this regard, it is impossible for WAA to guaranty your safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that by participating or volunteering in WAA Activities, you will expressly assume the risk and legal liability and waive and release all claims for injuries, damages, or loss, which you and/or your minor child/ward may sustain as a result of participating or volunteering in any and all WAA Activities. You also acknowledge that you are solely responsible for providing the necessary insurance coverage for yourself and your child and that WAA does not provide participants with supplemental medical coverage.

I recognize and acknowledge that there are certain risks of physical injury to participants and volunteers participating and/or engaging in WAA Activities, and I knowingly, intelligently, and voluntarily agree to assume the full risk of any and all injuries, death, damages, or loss, regardless or severity, that my minor child/ward and/or I may sustain as a result of said participation or volunteering in WAA Activities, and hereby give approval for my minor child/ward to participate in WAA Activities. I further agree to waive and relinquish all claims I and/or my minor child/ward may have as a result of participating or volunteering in WAA Activities against WAA, or any of its affiliates, officials, directors, employees, agents, officers, and/or other volunteers. I further pledge to abide by the WAA code of conduct.

I have read and fully understand the above information, warning of risk, assumption of risk and waiver and release of all claims. If registering online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Cancellation Policy: All refund requests will be charged a \$10 processing fee. Requests after the deadline, but 7 days prior to the first scheduled game, will be subject to a \$25.00 cancellation fee. Late fees, tryout fees and commitment fees are non-refundable and non-transferable. No refunds once play begins.

Participant Name (please print): _____

Parent/Guardian/Volunteer Name (please print): _____

Participant/Parent/Guardian/Volunteer Signature: _____ Date _____