



**SPRING 2020 REGISTRATION FORM
VERNON HILLS SOCCER CLUB
RECREATIONAL SOCCER REGISTRATION**

Family Last Name _____ Primary Phone (_____) _____
 Work Phone (_____) _____ Secondary Phone (_____) _____
 Address _____ City _____ Zip _____
 E-mail _____ *Your confirmation will be emailed to you*
 Emergency Contact _____ Relationship _____
 Emergency Phone #1 (_____) _____ Emergency Phone #2 (_____) _____

I agree to the waiver on the back of this form. Signature _____ Date _____

Neighborhood closest to your home: _____

(Aspen Pointe, Bayhill, Beaver Creek, Cambridge Hts., Carriages of Grosse Pointe, Centennial Crossing, Century Park, Court of Shorewood, Cypress Pointe, Deerpath, Georgetown Sq., Greggs Landing, Grosse Pointe, Hawthorn Club, Lake Park Manor, Lakewood Villas, Menconis Villas, Muirfield Village, New Century Town, Olde Grove Farm, Pinehurst, Plymouth Farms, River Glen, Rivers Edge, Saddlebrook, Sanctuary Pointe, Shadow Creek, Stone Fence Farms, Sugar Creek, The Willows, Village By the Lake, West Pointe, Westwood, Writers Estates, Other)

- Program is open to all boys and girls of appropriate age (must be 4 years of age by February 2, 2020)
- Roster positions are filled on a first come first served basis until the roster maximums are reached
- Fee: \$150; \$190 beginning Feb. 14, 2020)
- See website for additional information: www.vhsc.org

BOYS	CODE	GIRLS	CODE
Pre-K Boys	40101-PB	Pre-K Girls	40101-PG
Kindergarten Boys	40101-KB	Kindergarten Girls	40101-KG
1 st Grade Boys	40101-1B	1 st Grade Girls	40101-1G
2 nd Grade Boys	40101-2B	2 nd Grade Girls	40101-2G
3 rd Grade Boys	40101-3B	3 rd Grade Girls	40101-3G
4 th Grade Boys	40101-4B	4 th Grade Girls	40101-4G
5 th Grade Boys	40101-5B	5 th Grade Girls	40101-5G
6 th Grade Boys	40101-6B		

VOLUNTEER SIGN-UP

- Head Coach
 Asst. Coach

WHAT NIGHT OF THE WEEK CAN YOUR CHILD NOT PRACTICE: Mon. Tues. Wed. Thurs. Fri.

Participant _____ Age _____ Birthdate _____ Gender _____ Grade (Fall '19) _____

PROGRAM	CODE	FEE	OFFICE USE
			R / W

Initials: _____ Date: _____

Participant _____ Age _____ Birthdate _____ Gender _____ Grade (Fall '19) _____

PROGRAM	CODE	FEE	OFFICE USE
			R / W

Initials: _____ Date: _____

Method of Payment: Cash Credit/Debit Card Check # _____ Acct. Credit _____

Total Paid: \$ _____ All credit cards are charged & cash and checks are deposited as they are received
 Make checks payable to: Vernon Hills Park District

Charge To: Visa MasterCard Discover Debit
 Account Number _____ Exp Date _____
 Cardholder Name _____ CVV _____
 Authorized Signature _____ Amt \$ _____

Medical Conditions

Please note any allergies, special medications, or additional conditions which may affect participation.

Name: _____

Comments: _____

Registration forms can be mailed or hand delivered to:
 Sullivan Community Center, 635 Aspen Drive, Vernon Hills, IL 60061 or Lakeview Fitness Center, 700 Lakeview Pkwy, Vernon Hills, IL 60061
 Online registration is available: www.vhsc.org



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**VERNON HILLS SOCCER CLUB PROGRAM
WAIVER, RELEASE, AND CONSENT TO BE PHOTOGRAPHED/VIDEOED**

Please read this form carefully and be aware that, by registering for, and for participating in, Vernon Hills Soccer Club ("Club") programs, you are releasing all claims for injuries arising out of these programs that you or your minor child or ward who is a named participant might sustain. In registering for these programs, you are agreeing as follows:

As the parent or guardian of a minor participant in these programs, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk or any damages or loss which my minor child or ward may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such programs. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risk of injury.

I agree to release, waive and relinquish any and all claims my minor child or ward may have as a result of participating in these programs against the Club, any and all participating or cooperating governmental units, any and all independent contractors, officers, agents, servants and employees of the governmental bodies and independent contractors, and any and all other persons and entities of whatever nature, that might be directly or indirectly liable for any injuries that my minor child or ward might sustain as a result of participating in these programs, the Club provision of, or failure to provide, proper instructions or supervision, the use and adjustment of any and all machinery, equipment, and apparatus, and anything related to the use by my minor child or ward of the services, facilities, or premises involved in these programs, and transportation to and from any events..

I understand the nature of the programs for which I am registering on behalf of my minor child or ward, and have read and fully understand this Waiver and Release of All Claims. I further understand that any advisements or warnings of the particular risks of these programs that my minor child or ward subsequently receive will be incorporated by reference into and become a part of this Agreement.

I acknowledge that the Club staff may photograph/video participants in Club programs, classes or events and that the Club may publish any of these photographs/video in its catalogues, brochures, pamphlets, flyers, on its website and via social media. I hereby consent to the Club taking and publishing photographs/video of me or my minor child or ward.