



### 3v3 Youth Summer League

In a 5-week summer league, players will play 3v3. Teams are guaranteed 2 games each Monday, consisting of 12, minute halves using PUGG goals. The max is 6 players for 3v3. Age divisions and teams will be determined each Monday.

	Code	Age	Day	Date	Time
<input type="checkbox"/>	390011-19	5-7	Mon	June 14 – July 19	6-7PM
<input type="checkbox"/>	390011-20	8-10	Mon	June 14 – July 19	7-8PM
<input type="checkbox"/>	390011-21	11-14	Mon	June 14 – July 19	7-8PM

Fee: \$68 (\$60 with resident discount)

Location: Decatur Soccer Complex

Parent's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Participants Name: \_\_\_\_\_ Gender: M F Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Amount Due: \_\_\_\_\_ Activity Code \_\_\_\_\_

Cash

Check

Check #: \_\_\_\_\_ Driver's License: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_

Credit Card

Card Number: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

**\*PLEASE SIGN WAIVER ON THE BACK\***

**DUE TO THE CURRENT COVID-19 PANDEMIC WE WILL BE FOLLOWING ALL STATE GUIDELINES**

## Waiver & Release of All Claims and Assumptions of Risk

Please read this form carefully and be aware that in signing up and participating in this program, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program, including transportation services and vehicle operations, when provided. I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program against the Decatur Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "Decatur Park District"). I do hereby fully release and forever discharge the Decatur Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity. I have read and fully understand the above waiver and release of all claims and assumption of risk.

**Photo Disclaimer:** I understand that my child/ward or I may be photographed or videotaped while participating in a Decatur Park District program. I give permission for photos and videotapes of my child/ward or me to be used to promote the Park District. Such photos and videotapes will remain the property of the Decatur Park District.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(18 years or older Parent/Guardian)

**NOTE:** The Decatur Park District does not carry medical or accident insurance for its participants. The cost of such insurance would make programs cost prohibitive. We suggest that you look at your own insurance policy to be sure you are adequately covered. The Park District assumes no responsibility for personal injuries or loss of personal property.