



Sports & Recreation Center

1765 South 4th Street, Decalb, IL 60115

Phone: (815)758-7756 Fax: (815)758-7956

www.dekalbparkdistrict.com



Team: _____ Age: _____ Division: _____ Program: _____ Coach: _____ Phone: () _____
 Coach's address: _____
 Coach's email: _____

WAIVER

By signing the roster below as parent/legal guardian, I certify that my child has permission to participate in athletic activities at DeKalb Sports and Recreation Center. I understand and acknowledge that my child may suffer serious injury including, but not limited to, sprains, fractures, brain damage, paralysis, or even death by participating. I fully understand that neither DeKalb Park District nor its agents or employees, nor the owners of the facility take any responsibility for injuries sustained within the facility or the area surrounding the facility. I hereby agree to release, indemnify and hold harmless DeKalb Park District, its officers, directors, agents and employees from and against all claims, causes, suits, loss liability, injury or damage to my child or his/her property arising from, because of, or in connection with the participation of my child in DeKalb Park District activities. This waiver statement is valid for all rostered players 18 years or older. All participants under 18 must receive a parent/guardian's signature on this form.

| Players Name | Uniform Number | Phone | Birthdate | Players Signature | Parent/Guardians signature I have read and understand the above waiver |
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