



# Mt. Hope-Funks Grove Park District

107 N. West Street  
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McLean, IL 61754  
309-874-2382  
309-874-2383 Fax  
mhfgpd@frontier.com

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## 3<sup>RD</sup>-5<sup>TH</sup> Grade Boys Basketball League

The Mt. Hope-Funks Grove Park District, in cooperation with Dennis Rich, is sponsoring a basketball league for 3<sup>rd</sup>-5<sup>th</sup> grade boys. This program is designed to teach the basic fundamentals of basketball. The boys will be involved in both practices and games.

If your child is interested in playing basketball, please fill out **both sides** of this form and return to Olympia South Elementary School by Monday, September 25<sup>th</sup>, 2017. Registration will no longer be accepted after October 23<sup>rd</sup>, 2017.

Practices will be at the park district gym in McLean beginning **Saturday November 4<sup>th</sup>, 2017 from 9:00am-12:00pm**. Practices will be held on Mondays (4<sup>th</sup> and 5<sup>th</sup> grade), Wednesdays (3<sup>rd</sup> grade), and Saturdays (all).

There is a \$20 registration fee. Please make checks payable to Mt. Hope-Funks Grove Park District. For any questions and/or concerns, please contact the park district at 309-874-2382 or Dennis Rich at 309-838-2293.

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

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

Address \_\_\_\_\_

Phone \_\_\_\_\_

Participant's Allergies:

\_\_\_\_\_

Participant's Medical Conditions:

\_\_\_\_\_

**MEDICATIONS CANNOT BE GIVEN TO ANY CHILD BY ANYONE EMPLOYED BY MT. HOPE-FUNKS GROVE PARK DISTRICT.**

Name of Participant's Physician:

\_\_\_\_\_

Physician's Telephone:

\_\_\_\_\_

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**WAIVER OF LIABILITY RELEASE FORM AND AGREEMENT**

I am aware of the nature of this activity and I hereby assume responsibility for \_\_\_\_\_ (Participant's name) participation in the above activity. I represent the above named participant is physically able and competent to participate. If I believe anything is unsafe or beyond the capability of the participant, I will immediately advise a coach, supervisor, or official of such conditions and refuse to allow the above named child to participate. On behalf of myself, my spouse, and my child, I release and agree to indemnify and hold harmless the MT. HOPE-FUNKS GROVE PARK DISTRICT and/or its officers, employees, volunteers, or other participants in the case of accident or injury, including death, as a result of this participation from any and all liabilities, even if arising from their negligence, to the fullest extent permitted by law. The above named participant and I agree to abide by all of the rules of the Park District and basketball league. I waive any claim to a refund to any fees paid under this registration. I agree to be responsible for any damage the above named participant causes to any property as a result of participation in this program. I agree the above named participant may be photographed for publicity purposes. I understand this completed form must be in the possession of the MT. HOPE-FUNKS GROVE PARK DISTRICT prior to participation in this program.

**I HAVE READ THE ABOVE WAIVER AND RELEASES, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND KNOWING THIS, SIGN IT VOLUNTARILY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE.**

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_