

# Inclusive Lightning Softball Club



Would you love to play softball, but don't know where to start? Join the Inclusive Lightning Softball Club to learn the skills you need to excel on the field!

This special program is a partnership between the Lemont Lightning Baseball & Softball Club, SEASPAR, and NWCSRA, and is open to individuals with cognitive and/or physical disabilities that are residents of SEASPAR or NWCSRA's member communities. All disabilities and skill levels are welcome!

Equipment and t-shirts are provided. Participants should bring a softball glove and a helmet, if desired. Participants will be divided into groups based on age and skill level. Participants new to SEASPAR or NWCSRA programs will be required to complete an Annual Information Form.

**Location: Miracle Field, Lemont Park District • Ages: 8–18**

**Dates: Wednesdays, July 11–August 15 (7 Weeks) • Time: 6–7 p.m. • Fee: \$30**

**Please complete the registration form below and return it with payment to SEASPAR by June 18.**

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone: Mom \_\_\_\_\_ Dad \_\_\_\_\_  
Parents' Names \_\_\_\_\_ Cell Phone: Mom \_\_\_\_\_ Dad \_\_\_\_\_

### Waiver & Release Important Information

The Lemont Lightning Baseball & Softball Club, SEASPAR, and NWCSRA (collectively, "the programmers") are committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The programmers continually strive to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities. You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

### Warning of Risk

Recreational activities are intended to challenge and engage the physical, mental, and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of serious injury when participating in any recreational activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers, and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for the programmers to guarantee absolute safety.

### Waiver and Release of All Claims and Assumption of Risk

Please read this form carefully and be aware that in signing up and participating in this activity, 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 activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this activity, 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 activity against the programmers, including their officials, agents, volunteers and employees.

I understand that the programmers carry no medical insurance and the participant's family must cover any medical costs incurred. In the event of an emergency, I understand and authorize the programmers' staff and officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for immediate care for myself or minor child and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above important 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.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant's Signature (if 18 or older) \_\_\_\_\_ Date \_\_\_\_\_