

# youth programs - boys



## RIVER FOREST RESIDENTS ONLY !!

### 4th, 5th, 6th, 7th, and 8th Grade Boys foresters traveling basketball team

#### 2009 Tryout Schedule

**Location:** Roosevelt School North Gym  
**Days/Dates:** Saturday, October 24 & Sunday, October 25  
**Fee:** \$400

**YOU MUST ATTEND AT LEAST ONE  
OF THE TRYOUT DATES.  
Please indicate which Date/Time  
you will attend.**

#### TRYOUT SCHEDULE

Grade	Date	Time	Code	Grade	Date	Time	Code
4th	10/24	12:00pm-1:30pm	3901.204	4th, 5th & 6th	10/25	10:30am-12:00pm	3901.220
5th	10/24	10:30am-12:00pm	3901.205	7th & 8th	10/25	9:00am-10:30am	3901.221
6th	10/24	1:30pm-3:00pm	3901.206				
7th	10/24	9:00am-10:30am	3901.207				
8th	10/24	3:00pm-4:30pm	3901.208				

\*Possible additional supplemental tryout dates may be added.

Teams will be formed for 4th, 5th, 6th, 7th & 8th grade boys to participate in competitive play against other traveling and school based teams. The team roster will be limited to a max of 10 members, based upon the tryout sessions. Registration is open to River Forest Residents only! It is mandatory that your child is registered, sign the program wavier, and make full program payment no later than 48 hours prior to the tryout date. If 10 resident players have not registered for a specific team within 48 hours of the tryout date, non resident registration will be accepted to reach the maximum ten players. Your child must attend the tryouts to be considered for the team. Failure to attend the tryouts will disqualify your child from participating in the Foresters Travel Basketball Program. Being at tryouts shows that your child is committed to being part of a team.

You may only register for the grade you are in, and participants will not be allowed to play up or down a grade level. All players who attended the tryouts will be contacted by the Park District Athletic Supervisor on their status of making the team. Players who did not make a team will be contacted first.

Tryouts will be physically demanding. The primary basis of team selection is the ability to perform related basketball skills. A qualified selection committee has been formed, and the committee will evaluate the talent of each player during tryouts. The selection committee will make the final decision on the players to be selected for each team, however, the coaches' opinion will be considered as part of the process. Parents are asked to drop off their son or daughter for the tryout and pick them up at the completion of the tryout. No parents will be allowed in the gym during the tryouts.

### ★ PRE REGISTRATION ★

**YOU MUST PRE REGISTER AND PAY AT 401 THATCHER AVE. BEFORE OCTOBER 22.**

**NO REGISTRATION FORMS/MONEY WILL BE ACCEPTED AT TRYOUTS!!!**

**FILL OUT REVERSE SIDE FOR WAIVER & REGISTRATION FORM.  
WAIVER RELEASE FORM ON REVERSE SIDE OF THIS FORM MUST BE SIGNED.**

Distribution of information by community groups in accordance with District 90 policy does not imply directly or indirectly that the content of the material is sanctioned, sponsored, or endorsed by the District, the Board of Education, or the Superintendent.

**Or register online at [www.rfparks.com](http://www.rfparks.com) or stop by The Depot to register.**

## River Forest Park District

401 Thatcher Avenue • River Forest, IL 60305 • 708.366.6660

[www.rfparks.com](http://www.rfparks.com)

# travel basketball registration form

## Participant Information

Family Last Name _____	Adult First Name _____
Street Address _____	Home Telephone _____
City _____ State _____ Zip _____	Work/Cell Phone _____
Email _____	

## Program Registration

CODE NO.	PROGRAM NAME	PARTICIPANTS FIRST NAME	SEX	BIRTH DATE MO/DAY/YR	FEE

Please indicate if the participant has any special needs: \_\_\_\_\_ TOTAL REMITTANCE \$ \_\_\_\_\_

## River Forest Travel Basketball Team Commitment

The travel basketball season begins approximately November 1, 2009 and will continue until approximately March 14, 2009. Each team will play at least twenty-five games and practice at least two times per week. Do you understand that if your child is offered a position on the River Forest travel basketball team that he or she will be expected to fulfill this commitment?  Yes  No

### Other Activities:

Please list extracurricular activities during the travel basketball season in which your child will participate, such as other sports (e.g., basketball, soccer, hockey, club sports teams), Scouts, after-school and church related activities. In addition, please list any vacation scheduled.

Activity	Days of the Week	Time	Activity	Days of the Week	Time

Vacation Dates: \_\_\_\_\_

## Payment Information

Check. Please make checks payable to the River Forest Park District.  Cash. Only accepted if payment is made at 401 Thatcher.

## Sign the Registration Waiver.

I have read the program waiver stated below and the Basketball Team Commitment and understand that my signature is required in order to participate in any program.

Participant/Parent/Guardian Signature \_\_\_\_\_

Please Print Name \_\_\_\_\_

Date \_\_\_\_\_

## Return your form to the park district.

### RIVER FOREST PARK DISTRICT Program Registration

401 Thatcher Avenue, River Forest, Illinois 60305

708.366.6660 / Fax 708.366.6661

### FOR OFFICE USE ONLY:

Date: \_\_\_\_\_ Staff: \_\_\_\_\_

### Waiver and Release of all Claims

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in the above program/programs, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of your participation in the program/programs you have registered for.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).

I agree to waive and relinquish all claims my minor child/ward or I may have as a result of participating in the program against the River Forest Park District and its officers, agents, servants and employees.

I do hereby fully release and discharge the District and its officers, agents, servants and employees from any and all claims or actions resulting from the use of such materials by the District, its officers, employees and agents from any and all claims or actions resulting from the use of such materials by the District.

I further agree to indemnify and hold harmless and defend the District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities of the program(s).

In the event of any emergency, I authorize District officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my child/ward's immediate care and agree that I will be responsible for payment of any/all medical services rendered.

As a participant in a program or activity of the District (or as the parent or guardian of a participant), I hereby grant the District permission to use my or my child's image, video form, or voice in photographs, videotapes, Internet website or other materials prepared or released by the District from time to time, for promotional, safety or instructional purposes. I understand that such materials will be used and shown in whole or in part as the District sees fit. By this permission and release, I hereby release and discharge the District, its officers, employees and agents from any and all claims or actions resulting from the use of such materials by the District.

When registering by fax or online at the River Forest Park District, it is mutually understood that the facsimile or online signature and registration document (including the Waiver and Release of All Claims) shall substitute for and have the same legal effect as the original form signature.

I have read, understand and agree to the terms of the River Forest Park District Cancellation and Refund Policy.

I have read and fully understand the above Program Details, Waiver and Release of All Claims and Permission to Secure Treatment.

The River Forest Park District does not carry accident or hospitalization insurance on any program participant. It is recommended that participants review their own personal insurance policy for adequate coverage during all program activities.