



# NAPERVILLE YARD ATHLETIC INFORMATION FORM

*This form needs to be completed and turned in before a child may participate in any Naperville Yard Athletic Program. A separate form will need to be filled out if Naperville Yard will be required to administer any medications.*

Athlete's Name: \_\_\_\_\_  
Last First

Athlete's Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Athlete's Birthday (mm/dd/yyyy): \_\_\_\_\_ Athlete's Current Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Athlete's School Grade in Fall: \_\_\_\_\_

## **PARENT/GUARDIAN CONTACT INFORMATION**

1) Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Parent/Guardian's Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Parent/Guardian's Phone: (C) \_\_\_\_\_ (W) \_\_\_\_\_

Parent/Guardian's Email Address: \_\_\_\_\_

2) Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Parent/Guardian's Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Parent/Guardian's Phone: (C) \_\_\_\_\_ (W) \_\_\_\_\_

Parent/Guardian's Email Address: \_\_\_\_\_

## **EMERGENCY CONTACT INFORMATION**

*Please state whom the Naperville Yard is allowed to contact in the event of an emergency.*

1) Emergency Contact Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Emergency Contact Phone: W) \_\_\_\_\_ (C) \_\_\_\_\_

2) Emergency Contact Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Emergency Contact Phone: W) \_\_\_\_\_ (C) \_\_\_\_\_



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## HEALTH HISTORY

1) If applicable, please state any allergies the athlete has towards food. If the athlete is not allergic to any foods, please write NA.

2) If applicable, please state any allergies the athlete has towards medication. If the athlete is not allergic to any medication please write NA.

3) If applicable, please state any other known allergies. If the athlete has no other known allergies please write NA.

4) If applicable, please state any other medical information the Naperville Yard staff needs to be made aware of. Write NA if not applicable.

5) Does the athlete wear glasses, sports goggles, or contact lenses? \_\_\_\_\_

## PARTICIPATION AGREEMENT

1) I agree that if my child is not picked up within 15 minutes of the program ending my child will be placed in childcare and I will pay a fee of \$15.

Parent/Guardian Signature: \_\_\_\_\_

2) I understand that no refund shall be given to me unless I notify the Naperville Yard within one week of my athlete's program start date. If I notify the Naperville Yard after the program's start date I understand that I will receive a full refund if I provide the Naperville Yard with a doctor's note. If I notify the Naperville Yard after the program's start date and I do not provide a doctor's note I will not receive a full refund.

Parent/Guardian Signature: \_\_\_\_\_

3) For Sports Camps, I understand that I MUST sign my child in and out of camp for every day that my child participates in camp.

Parent/Guardian Signature: \_\_\_\_\_

In enrolling at Naperville Yard, participant and his/her parents or legal guardians understand that he/she is attending the programs, events, and or competitions at Naperville Yard and using Naperville Yard and the facilities and equipment at Naperville Yard (collectively, the premises) at his/her own risk. Naperville Yard Corporation and its owners, employees, agents, contractors, affiliates, subsidiaries, successors, and assigns (the "Naperville Yard Parties") shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant or his/her family participating in or related to any programs, events, or competitions on or around the Premises, including, without limitation, any personal injury or property loss resulting from the negligence of the Naperville Yard Parties. Participants and parents or legal guardians assume full responsibility for all injuries and damages which occur or are related to any programs, events, or competitions on or around the Premises. Participants and their parents or legal guardians do hereby fully and forever release, discharge, and hold harmless the Naperville Yard Parties and all associated facilities from and against any and all claims, demands, damages, or rights of action, present or future resulting directly or indirectly from any person's participation in any programs, events, or competitions or use of the Premises, including, without limitation, those resulting from the Naperville Yard Parties' negligence or the acts authorized by the consent below. In addition, he/she agree(s) to follow the rules of conduct and play set by Naperville Yard Corporation. Failure to do so may result in suspension from participation.

Consent: I, the undersigned parent or guardian/participant, do hereby grant authority to the staff at Naperville Yard to render a judgement concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize Naperville Yard Corporation and it assigns to utilize any and all photographs, pictures, or other likenesses of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team films.

Printed Name of Parent/Guardian required (if participant is under age 18): \_\_\_\_\_

Signature of Parent/Guardian required (if participant is under age 18): \_\_\_\_\_

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

