

REGISTRATION IS REQUIRED





To be eligible, players must also register for the Wheaton Park District's in-house softball program or other community programs competing in the park district program.

14U PART-TIME TRAVEL TEAM

(CANNOT TURN 15 BEFORE 1/1/19)

TRYOUT CODE | 440389-01

The formation of the Wheaton Park District's in-house part-time travel team is determined by the Amateur Softball Association (ASA) age eligibility rules. These rules state players must try out for the youngest team they are eligible for.

TRYOUT LOCATION | CENTRAL ATHLETIC COMPLEX 500 S. Naperville Rd. | Wheaton

Players should bring their glove and tennis shoes.

A maximum of 12 girls will be selected per team. Uniforms will be provided. Practices will start in January. Practices, games, and tournaments will run through the end of July.

Registration fee for selected players who also will play in the Wheaton Park District's in-house Major League is \$240 for park district/school district #200 residents and \$300 for nonresidents. Birth certificates must be provided before the season starts. The fee includes winter training time, tournament entrance fees (2-4), league entrance fees, friendly umpire fees, equipment fees, and administrative fees.

PARENTS: Please drop off and pick up your players at least fifteen minutes before and after the scheduled tryout time. If you wish to stay, you must remain outside the gym during the tryout. The Part-Time Travel Team selection committee will run the tryouts. We maintain zero-tolerance policies for any undesirable conduct, disruption, and interference. Offenders will be asked to leave. If your child is unable to attend the tryouts and would like to be considered for a team, you must first pre-register your child AND then call the number listed below.

FOR ADDITIONAL INFORMATION CONTACT:

Adam Lewandowski | 630.510.5141

SELECTION AND NOTIFICATION PROCESS

Selection will be determined by the Selection Committee, and will be based on the overall skill and talent. Regardless of the number of tryout participants, the Selection Committee, at its sole discretion, may hold supplemental tryouts. The supplemental tryouts will be posted on the Wheaton Park District website. Players who participated in the initial tryouts do NOT need to attend any supplemental tryout. The Selection Committee will use its best efforts to finish the selection process within one week from the completion of the tryouts. Team selections by tryout number will be posted on the Wheaton Park District website. Go to wheatonparkdistrict.com, click on Leagues, click on softball, and click on Announcements (on the right side of the screen) to view rosters. A list of all players selected for the Part-Time Travel Team and Managers' names will also be placed on file with the Wheaton Park District's Athletic Department.

A non-refundable registration fee of \$240/\$300 payable to the Wheaton Park District will be due from selected players within 48 hours after notification. If payment is not received, an alternate player will be selected.

	See refund policy on page 60.		Fax registration to 630.665		egistration to 630.665.7912.		Please check the appropriate box: Park District Resident	
		Athletic	Program Registration Form Please print cle		Please print clearly.	 Nonresident Nonresident/District 200 		00
Family Last Name			Parent's First Name			New address? 🗖		
Street Address			Apt E-mail (required)*					
City _	ity Zip		Home Phone Work Phone (More)		Work Phone (Mr. 🗖 I	🗆 Mrs. 🗆 Ms.)		
Cell Phone 1			Emergency Phone					
	imer: Your email address will allow any outside party. You may opt out		nation pertaining to Wheaton Pa	rk District events, pro	grams, news and specials. We respect your p	rivacy and do not s	ell or lend y	our personal informa-
	Activity# – Section	Program Name	Fee	Participant's Las	& First Names	Gender	Age	Birthdate
1	_		\$					
2	_		\$					
2			ć					

If registrant requires any special accommodation or assistance for enjoyment of this program, please describe: _

\$

4

TOTAL PAYMENT INCLUDED

WAIVER AND RELEASE Please read this form carefully and be aware that in signing up for and participating in programs/activities, 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 said programs/activities (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, 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 against the Wheaton Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "District"), which I or my minor child/ward may have (or that accrue to me or my child/ward) as a result of participating in these programs/activities. I do hereby fully release and forever discharge the District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward arising out of, connected with, or in any way associated with these programs/activities. I have read and fully understand the above important information, warning of risk, and waiver and release of all claims. If registering via fax or online, your facsimile signature shall substitute for and have the same legal effect as an original form signature. Additional field trip waiver/release will also need to be signed. **PHOTO RELEASE** The Wheaton Park District tackes photographs or video of participants for promoting our programs, services, events, activities, and facilities in our brochures, website or agency social media, etc. By participating in or attending any Wheaton Park District activities t

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Payment Method/Credit Card Information

Method of Payment Enclosed: Cash (Do not send in mail) Check MasterCard Visa Credit Card #:							
Cardholder Name	_Expiration Date						
Authorized Signature	Charge Amount \$						