



**Peoria Park District
Streets Belong to Me: Hoopfest
3 vs 3 Basketball
Roster**



Team Name: _____ **Manager's Name:** _____ **Email:** _____

Address: _____ **City:** _____ **Zip:** _____ **Phone:** _____

Teams will be placed in the age group of the oldest player on the team. The player's age will be how old they are on **5/17/25**. Co-ed teams play in the boys' divisions. Divisions may be combined by age or gender, depending on the number of registrants. **Team Fees:** \$25-Team Entry Fee
Registration deadline is Friday, May 23rd, 2025 @ 5pm. Return this completed Entry Form to either Peoria Park District's Noble Center or Proctor Recreation Center. Please check your team's age group below:

Boys

Ages 11-12 _____

Ages 13-14 _____

Ages 15-16 _____

Girls

Ages 11-12 _____

Ages 13-14 _____

Ages 15-16 _____

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, illnesses, 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 program/activity (including transportation services and vehicle operations, when provided).

As a participant in the program, I recognize and acknowledge that there are certain risks of injury or illness to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, illnesses, 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 program/activity against the District, including its officials, agents, volunteers and employees. In addition, I agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program.

I understand and agree that, as a program participant, if I or my minor child/ward has had direct contact with individual(s) infected with COVID-19 or exhibit symptoms of COVID-19, as set out by the U.S. Centers for Disease Control, either within 14 days of the program/activity or during the program/activity, I will immediately provide notice of the same to the District. Further, in case of accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel.

I hereby consent to the use of my photograph, or that of my minor/child, in Park District brochures, social media, advertisements, etc.

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 on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

I agree that all information provided on this roster is authentic and correct. Any false information will result in penalty as indicated in league rules.

Team Members: (Please Print)

All parents must read waiver and sign the roster

Name	Birth Date	Gender	Address/City/Zip	Phone #	Parent's Signature
1					
2					
3					
4					
5					