



## 2016 Northern Illinois Thunder Registration Form

### Player Information

New Player

Returning Player

Full Name (*First, MI & Last*): \_\_\_\_\_

Preferred First Name (*if different from above*): \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Player Cell Phone: (\_\_\_\_) \_\_\_\_\_

Player Email Address: \_\_\_\_\_@\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

'15/'16 School Grade: \_\_\_\_\_ School Name: \_\_\_\_\_

Emergency Contact Name – other than parents –

(*First & Last*): \_\_\_\_\_

Relationship to Player: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Player's Doctor: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Current Medication: yes no

If yes, what, why & how often: \_\_\_\_\_  
\_\_\_\_\_

Allergic to any medication: yes no

If yes, what medication and what's the reaction? \_\_\_\_\_  
\_\_\_\_\_

Primary Insurance Holder Name: \_\_\_\_\_

Relationship to Player: Father Mother Other \_\_\_\_\_

Primary Insurance Holder Employer: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Insurance Policy/Group/ID Number: \_\_\_\_\_

**Parent/Guardian Information**

**Mother** First & Last Name: \_\_\_\_\_

Mailing Address *(if different from player)*:

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Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_

**Father** First & Last Name: \_\_\_\_\_

Mailing Address *(if different from player)*:

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Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_

**Legal Guardian** First & Last Name: \_\_\_\_\_

Mailing Address *(if different from player)*:

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Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_

**Two copies of each Birth Certificate & Player Insurance Card (both sides) must accompany this completed registration form**



## 2016 NORTHERN ILLINOIS THUNDER SOFTBALL

I/We, the parent(s)/guardian(s) of our daughter \_\_\_\_\_ hereby give permission for her to participate in the NORTHERN ILLINOIS THUNDER SOFTBALL program for the 2016 season. *This season \$534 per New Player; \$434 per Returning Player registration fee is due on August 14, 2015, with the balance due on November 14, 2015 and March 1, 2016 per 2016 Fee Schedule<sup>1</sup>. For returning player (bat bag & uniforms can be inspected for reuse – if reuse is approve) **All payments are non-refundable.***

I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities. I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless NORTHERN ILLINOIS THUNDER SOFTBALL organizers, managers, coaches, sponsors, supervisors, participants, and persons transporting my child to or from activities, for any claim arising out of an injury to my child, except to the extent covered by accident or liability insurance.

As a parent and/or legal guardian, I/we do herewith authorize the treatment by a qualified and licensed medical doctor of the above – named minor in the event of a medical emergency which in the opinion of the attending physician, may endanger her life, cause disfigurement, physical impairment or undue discomfort if delayed. The authority is granted only after a reasonable effort has been made to reach me.

If an injury has occurred (softball related or any other) and your daughter has been seen by a licensed physician Northern IL Thunder Softball requires a doctor’s medical release form before your daughter is allowed to participate in any NI Thunder Softball activities including but not limited to games and practices.

Print Name of Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Print Name of Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Player Name: \_\_\_\_\_ Team: \_\_\_\_\_

<sup>1</sup> Families with two or more players can take advantage of a four payment option: First Payment August 14<sup>th</sup> with remaining balance split equally and payable by November 14<sup>th</sup> (2<sup>nd</sup> payment), February 1, 2016 (3<sup>rd</sup> payment) and April 30, 2016 (final payment). See 2016 Fee Schedule for exact amounts.

**Office use only**

*Payment 1: August 14, 2015*      Amount paid \$ \_\_\_\_\_      Cash \_\_\_      Check # \_\_\_\_\_

*Payment 2: November 14, 2015*      Amount paid \$ \_\_\_\_\_      Cash \_\_\_      Check # \_\_\_\_\_

*Payment 3: March 1, 2016*      Amount paid \$ \_\_\_\_\_      Cash \_\_\_      Check # \_\_\_\_\_

For multi-player families only:

*Payment 1: August 14, 2015*      Amount paid \$ \_\_\_\_\_      Cash \_\_\_      Check # \_\_\_\_\_

*Payment 2: November 14, 2015*      Amount paid \$ \_\_\_\_\_      Cash \_\_\_      Check # \_\_\_\_\_

*Payment 3: February 1, 2016*      Amount paid \$ \_\_\_\_\_      Cash \_\_\_      Check # \_\_\_\_\_

*Payment 4: April 30, 2016*      Amount paid \$ \_\_\_\_\_      Cash \_\_\_      Check # \_\_\_\_\_

Forms:      *BIRTH CERTIFICATE:* \_\_\_\_\_      *INSURANCE CARD:* \_\_\_\_\_

*Code of Conduct Form:*      *Player* \_\_\_\_\_      *Parent* \_\_\_\_\_      *Coach* \_\_\_\_\_