

Fan Plastic Backyard League

- What is it? An adult Wiffle Ball League for Men, Women, or Co-Ed teams ages 15 and up
- Where will it be played? Coddington Park in Villa Grove
- How many players per team? At least 3
- How much does it cost to play? \$50 per team
- How many teams in the league? Between 4 and 12
- How do I sign-up my team? Forms may be picked up at City Hall in Villa Grove. Insurance waivers for all players must be filled out prior to playing your first game.
- How many games in a season? at least 10, plus a tournament
- When will it start? Based on the number of teams, the season should begin in July and run through the first part of August. Games will be Double Headers Monday through Friday evenings, and Saturdays will have multiple games throughout the day.

For any other questions, you can either contact Lee Hoffman at rec.program@villagrove.org or come to the organizational meeting in the Art Room at Villa Grove Schools at 6:30 PM, Wednesday, June 20th. The season will tentatively begin Monday, July 2nd.



Fan“Plastic”



Backyard League

AGES 15 AND UP

Team Name: _____

Team Manager: _____

Roster (*Please print names*)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

BELOW IS FOR OFFICE USE ONLY

League Fee Paid: CASH or CHECK # _____

City of Villa Grove Recreation Program 2018

INJURY WAIVER/MEDICAL FORM

League _____

Player's Name _____ Team/Level _____

Player's Physician _____ Physician's Phone _____

Hospital Preference (if applicable) _____

IN CASE OF EMERGENCY, CONTACT:

Name _____ Phone _____ Cell _____

Relationship to Player _____

Name _____ Phone _____ Cell _____

Relationship to Player _____

Medical Information:

Allergies (Medications, insect stings, etc.) _____

Medical Conditions (Asthma, Diabetes, etc.) _____

Baseball, basketball, football, soccer, softball, volleyball and wiffle ball are exciting sports which may involve collisions with other players, the ball, or the ground. The sport is sometimes played in extreme weather. Because of these conditions, players are exposed to the risk of serious injury. Injuries could include, but are not limited to, broken bones, concussions, paralysis, damage to internal organs and even death. Such injuries can result in short term loss of function and/or long term impairment of physical abilities. In an effort to make the games listed above as safe as possible, the coaches of this team will teach the players the skills and rules of the sport. Players must follow the coaches' instructions, rules, and policies to reduce the possibility of injury. Team rules/policies are also explained to players.

IN CONSIDERATION for the right to participate in the City of Villa Grove's Recreation Program, I hereby agree to the following: I understand any recreation activity, including the one for which I am registering myself/my child, involves certain risks to their personal safety and property or the safety and property of others. I agree to assume any and all risks associated with participation in this activity. I further understand that participation in recreation activities requires certain skills and capabilities. I agree it is solely my responsibility to ensure that my/my child's health is adequate and capabilities are sufficient to participate in these activities. I hereby waive any claim I might have against the City of Villa Grove and its officers, employees, agents, servants, insurers, and all representatives and sponsors arising out of their participation in this activity. Furthermore, I hereby agree to release and hold harmless the City of Villa Grove and all other sponsors from any claim brought by a third party due to my/my child's participation in these activities. I understand I/he/she may be photographed and give permission for such to publicize activities for the Recreation Program. In the event of an emergency, I give consent for me/my child to be taken to and treated at the nearest medical facility, understanding every effort will be made to contact the emergency contact person set forth above. In such event, I shall be solely responsible for all medical expenses associated with medical care.

Parent/Guardian Signature _____ Date _____