

**REGISTRATION FORM**

**KIDS SPORTS DAY "XVI"/fun-with-sport**

CONI, Comitato Olimpico Nazionale Italiano/Italian National Olympic Committee/USA-Casa Italia Chicago  
**Casa Italia Chicago, Stone Park, IL**  
August 13, 2:30pm, 2017

*(PLEASE PRINT CLEARLY. \* Required information)*

**The event is for Italian American children up to 11 years old.**

Child/Entrant Name \* / First/Last \_\_\_\_\_

Parent/Adult Guardian/Name \* / First/Last \_\_\_\_\_

Child's Date of Birth \* / MM/DD/YYYY \_\_\_\_\_

Please indicate Child's Italian lineage (1st, 2nd...generation, side of family, etc.). You may also note any other relevant information such as if child has taken any Italian language classes or has visited Italy. \*(use back of page if you need more space)

...

Please indicate if Child has any organized/competitive sports activity that you'd like to include. Please indicate what sport and related stats (use back of page if you need more space).

...

**Guardian/Parent Home Address \***

Street Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Guardian/Parent Phone Numbers & e-mail: \*

Home \_\_\_\_\_

Cell \_\_\_\_\_

E-mail \_\_\_\_\_

**KIDS SPORTS DAY "XVI" Participation WAIVER \***

1) By signing this waiver form and agreeing to its content, I acknowledge that my child is physically and mentally able to participate in the youth sport activities. I acknowledge that there are certain risks involved in said activities.

2) I hereby grant permission to my child to engage in the event indicated herein and release The Italian National Olympic Committee USA - Comitato Olimpico Nazionale Italiano (CONI) and Casa Italia Chicago, their affiliates, volunteers, and employees of all responsibilities for any injuries, to body or property, which may occur to my child during the course of these activities. In the event of an emergency in which I, or the alternate contact, cannot be reached, I authorize the adult leaders of this event to make medical decisions for me, and to administer first aid if deemed necessary.

3) I further agree to indemnify and hold harmless CONI and Casa Italia Chicago and their affiliates, facility/venue personnel, volunteers, and employees of any and all claims arising from my participation in activities or as a result of my child's injury or illness during such activities.

CONI USA and Casa Italia Chicago take photographs or make an audio or video recording of children and/or adults involved in their activities. I consent to the use of any such audio or video record of my child named above to be used, distributed or displayed as Coni USA or Casa Italia Chicago or their agents see fit.

YES, I have read the Waiver, I am fully aware of and understand its contents, and I agree to its terms:

\_\_\_\_\_  
Print name first/last here - indicate relation to child

\_\_\_\_\_  
Date here

\_\_\_\_\_  
Signature here