

NEWTON INDOOR SPORTS CENTER PLAYER REGISTRATION FORM

TEAM NAME: _____

PLAYER'S NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: _____

EMAIL ADDRESS: _____

IF PLAYER IS UNDER 18 YRS. OF AGE, PLEASE FILL OUT THE FOLLOWING:

PARENT/GUARDIAN'S NAME(S): _____

ADDRESS & PHONE IF DIFFERENT FROM ABOVE: _____

EMERGENCY CONTACT: _____

HOLD HARMLESS RELEASE FORM

I, the applicant/ we, the parents of the above applicant hereby assume all risk and hazards incidental to participation in any and all league/tournament/clinic/rental activities during the current season, including transportation to and from activities and I/we hereby waive, release, absolve, indemnify and agree to hold harmless the organizers, sponsors, supervisors, participants, corporation owners of the premises and persons transporting myself/our child to and from activities for any claim arising out of injury to myself/our child. I/We also agree to be responsible for the return of any facility owned shirts or equipment.

Individual (over 18) _____ date _____

Parent/guardian signature _____ date _____