



INDIVIDUAL REGISTRATION & WAIVER

Each participant (or parent/guardian if less than 18 years old) Must complete & sign this form.

PLEASE PRINT ALL INFORMATION LEGIBLY IN INK

REGISTERING FOR: CAMP/CLINIC, LEAGUE, TOURNAMENT, OTHER _____ SOCCER FLAG FOOTBALL BASEBALL/SOFTBALL OTHER _____

CHECK ONE PER LINE

MALE _____ FEMALE _____
 INDIVIDUAL _____ TEAM _____
 SESSION #1 _____ #2 _____ #3 _____ FALL _____ SUMMER _____

Participants Name: FIRST: _____ LAST: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PARENTS NAME: _____

HOME PHONE: _____ CELL# _____ TEXT: Y / N

EMAIL ADDRESS: _____

TEAM NAME: _____ COACH: _____

PLACE ME WITH: _____

PLAYERS AGE: _____ BIRTH DATE: ____/____/____ SHIRT SIZE: _____

MAKE CHECKS PAYABLE TO: GENESEE FIELDHOUSE RETURN CHECK FEE \$25.00 MINIMUM CHARGE:\$20.00

PAYMENT: VISA: _____ MASTERCARD: _____ CASH: _____ CHECK _____ CHECK # _____

CARD NUMBER: _____ EXP. DATE: ____/____/____

D.L. # _____ AMOUNT: \$ _____

\$5.00 PROCESSING FEE FOR ANY REFUNDS REQUESTED/\$2.00 FEE FOR CREDIT CARD CHARGES UNDER \$20.00

PARENT/GUARDIAN MUST SIGN WAIVER

AGREEMENT: I the parent/legal guardian/participant understand that enrolling for a GENESEE FIELDHOUSE league/camp/clinic/practice time are enrolling at his/her/my own risk. GENESEE FIELDHOUSE, its owners, employees, agents, contractors shall not be liable for any damage whatsoever involving personal injury or property that is lost, stolen, or damaged by participant and his/her/my family in or about any programs in the facility. Participants and parents assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and he/she/I do or does hereby fully release and forever release, discharge and hold harmless GENESEE FIELDHOUSE, all its owners, employees, agents, contractors from any and all claims, demands, damages, rights of action, present or future resulting or arising out of any person's participation in any programs or use of the facility. In addition, he/she/I agree(s) to follow the rules of play and conduct set by GENESEE FIELDHOUSE. He/she/I understand that failure to follow set rules may result ins suspension from participation.

CONSENT: I, the parent of/ guardian of/ participant hereby verify that are in good health and assume the health responsibility for the participant and do hereby grant authority to the staff of GENESEE FIELDHOUSE to render judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I hereby authorize GENESEE FIELDHOUSE and its assigns to utilize any and all photographs, pictures or other likeness of me as they deem appropriate in its promotional materials.

PARENT/GUARDIAN/PLAYER: _____ DATE: _____