

Team and Individual Roster/Waiver Form

Payment Type _____ Amout Paid _____

Family Sports Center/Indiana Youth Sports/Tippecanoe Youth Center

TEAM/INDIVIDUAL INFORMATION

Team/Individual Name: _____ Color: _____ Sport: _____ League: _____

Manager Name: _____ Address: _____ City: _____ State: _____ Zip _____

Work Phone: _____ Home Phone: _____ E-mail: _____

Release of Liability

The undersigned "Registrant" or parent/legal guardian of the Registrant, recognizes that soccer, basketball, volleyball, lacrosse, flag football, roller hockey, and badminton and any other activities are vigorous sports and that the Registrant may suffer temporary or permanent serious physical injury including, but not limited to sprains, fractures, brain or spinal damage, paralysis or even death while playing soccer, basketball, lacrosse, volleyball, flag football, roller hockey, badminton, any other activities or attending a game, tournament, practice or scrimmage. With full knowledge of the above-referenced risks, and in consideration for Family Sports Center, Indiana Youth Sports or Tippecanoe Youth Center (All hereby known as FSC), and pursuant to the recreational assumption of the risk, the Registrant and I (if parent or legal guardian) hereby accept and assume full responsibility for any and all harm caused by negligence and release, discharge, and/or otherwise indemnify FCS including all staff, directors, and owners.

This release shall remain in effect for the duration of the 2016-2017 season and shall be interpreted under Indiana law.

Consent for Medical Treatment

With full knowledge of the risks of injury in the games of soccer, basketball, volleyball, flag football, roller hockey, badminton, and all other activities, I hereby authorize, the following persons to administer emergency medical treatment to the Registrant, for any injury or other medical emergency while at a practice, game, tournament, scrimmage, or while participating in or attending any other activity: All coaches and managers of my child's team; all officers and officials of the soccer, basketball, lacrosse, volleyball, flag football, roller hockey, badminton, and or any other club to which my child's team belongs; all directors, officers, sponsors, officials or agents of any league or tournament that Registrant may participate in; and FSC staff members. This consent also extends the right to those persons listed above to arrange for immediate medical treatment by a licensed physician and/or other trained medical personnel, and for them to provide such emergency medical care, as they deem appropriate to preserve the life or well being of the Registrant. The Registrant and I (if parent or legal guardian) hereby release, hold harmless and indemnify the above-listed persons of any injury or damage related to administration of emergency medical care as authorized herein.

This Consent for Medical Treatment is in effect for the duration of the 2016-17 season.

All team members acknowledge joint and personal liability for all fees related to this activity. I have read and fully understand the above statements. I acknowledge that before signing I had an opportunity to contact FSC to discuss any questions I had about the above release and consent.

PLAYER INFORMATION

Registrant Name:		Address:		City:		State:		Zip	
Home Phone:		Work Phone:		Birth Date:		Age:		E-Mail Address:	
Parent/Gardian Name:		Parent/Gardian's Birth Date:		Signature of Registrant or Parent/Legal Guardian:					
Registrant Name:		Address:		City:		State:		Zip	
Home Phone:		Work Phone:		Birth Date:		Age:		E-Mail Address:	
Parent/Gardian Name:		Parent/Gardian's Birth Date:		Signature of Registrant or Parent/Legal Guardian:					
Registrant Name:		Address:		City:		State:		Zip	
Home Phone:		Work Phone:		Birth Date:		Age:		E-Mail Address:	
Parent/Gardian Name:		Parent/Gardian's Birth Date:		Signature of Registrant or Parent/Legal Guardian:					

****Before signing, please read the front of this form****

Registrant Name:		Address:		City:		State:		Zip	
Home Phone:		Work Phone:		Birth Date:		Age:		E-Mail Address:	
Parent/Guardian Name:		Parent/Guardian's Birth Date:		Signature of Registrant or Parent/Legal Guardian:					
Registrant Name:		Address:		City:		State:		Zip	
Home Phone:		Work Phone:		Birth Date:		Age:		E-Mail Address:	
Parent/Guardian Name:		Parent/Guardian's Birth Date:		Signature of Registrant or Parent/Legal Guardian:					
Registrant Name:		Address:		City:		State:		Zip	
Home Phone:		Work Phone:		Birth Date:		Age:		E-Mail Address:	
Parent/Guardian Name:		Parent/Guardian's Birth Date:		Signature of Registrant or Parent/Legal Guardian:					
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Parent/Guardian Name:		Parent/Guardian's Birth Date:		Signature of Registrant or Parent/Legal Guardian:					

Thank you for playing at Family Sports Center