

SCORE INDOOR SPORTS YOUTH INSTRUCTIONAL REGISTRATION AND WAIVER

For which program are you signing up? _____

Player First Name: _____ M.I.: _____ Last Name: _____

Date of Birth: _____ Male: _____ Female: _____ T-Shirt Size: _____

Address: _____ City: _____

State: _____ Zip: _____ E-mail: _____

Phones: Home _____ Cell _____ Other _____

All users of Score Indoor Sports facilities must agree to the following waiver. Minors must have the waiver signed by his or her parent or legal guardian.

Waiver/Exclusion Clause

I, the undersigned parent, guardian, or participant of legal age understand that participation in any Score Indoor Sports program or any use of Score Indoor Sports facilities is done at the participant's own risk. Score Indoor Sports, its owners, employees, and agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and family on the premises. Participants, parents, and guardians assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and do hereby fully and forever release, discharge and hold harmless Score Indoor Sports, and any associated facility and its owners, employees and agents from any and all claims, demands, damages, rights of action, present or future resulting from or arising out of any person's participation in any program or use of its facilities. In addition, participant agrees to follow the rules of play and conduct set by Score Indoor Sports. Participant and parent or guardian understand that failure to do so may result in suspension from participation.

I, the undersigned parent, guardian, or participant of legal age do hereby grant authority to the staff of Score Indoor Sports to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence.

Signed: _____ Date: _____

Printed Name: _____

Registration fee: See www.scoreindoor.com or call us at (770) 357-2670 for applicable fee.

Make checks payable to Score Indoor LLC.

To pay by credit card: Visa MC No.: _____ Expiration: _____

Discover

Amount: \$ _____ Name on card: _____

Send this form, along with payment to: Score Indoor LLC
1245 Oakley Industrial Blvd.W. **OR** **Fax to:**
Fairburn, GA 30213 (770) 357-2675

Thanks! - We look forward to seeing you.