

BASEBALL REGISTRATION FORM

Name: _____ DOB: _____ Shirt Size: _____

Address: _____ City & Zip: _____

Home Phone: _____ Alternative/Cell Phone: _____

Email: _____ School: _____

Program #: _____ Age Divison: _____

Emergency Contact Name: _____ Phone: _____

Waiver:

This is to certify that I, as parent/guardian with legal responsibility for my minor child or ward, acknowledge that my child or ward will be engaged in activities that involve risk of injury at Soccer First, Inc., Field Sports, Inc., The Golf Center at SportsOhio, Inc., and/or SportsOhio Inc., and that I do recognize and assume that risk, whether foreseeable or not reasonably foreseeable, on behalf of my child or ward, and consent on behalf of my child or ward, in connection with participation in activities of recreation and instruction at Soccer First, Inc., Field Sports, Inc., The Golf Center at SportsOhio, Inc., and/or SportsOhio Inc. On behalf of my child or ward and his/her legal representatives, I hereby release and agree to indemnify Soccer First, Inc., Field Sports, Inc., The Golf Center at SportsOhio, Inc., and/or SportsOhio Inc., their affiliates, administrators, directors, agents, coaches, and their employees, other participants and sponsor agencies, from and all claims and damages instituting or arising out of my minor child's or ward's involvement or participation in the programs at Soccer First, Inc., Field Sports, Inc., The Golf Center at SportsOhio, Inc., and/or SportsOhio Inc.

Parent's Name: _____

Parent's Signature: _____ Date: _____

Please Circle One: Cash Check #: _____ Credit Card (MC, Visa, Discover)

Credit Card #: _____ Exp. Date: _____ V-code: _____
(last 3 digits on back of card)

Name on Card: _____



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