Adult Football Registration Form

Name: _____ Date Of Birth: _____

Address: _____ City: _____

Home Phone: _____ Business Phone: _____

E-mail: _____ Position:_____

Previous Football Experience: _____ Shirt Size: _____

League: _____

Emergency Contact Name: _____ Phone #: _____

Waiver Information:

This is to certify that I, _____, acknowledge that I will be engaged in activities that involve risk of injury at FieldSports, Inc. and/or SportsOhio, Inc., and I do recognize and assume that risk, whether foreseeable or unforeseeable, on behalf of myself, in connection with participation in activities or recreation and instruction at FieldSports, Inc. On behalf of myself and/or any legal representatives, I herby release and agree to indemnify FieldSports, Inc., their affiliates, administrators, directors, agents, coaches, and their employees, other participants, and sponsor agencies, from any and all claims and damages relating to or arising out of my involvement or participation in the programs at FieldSports, Inc.

Player's Signature: _____ Date: _____

Method of Payment:

Please circle one of the options: Cash Check/Check #: _____

Discover/MasterCard/Visa Credit Card #: _____

Expiration Date: _____

V code/CID #: _____

Name On Card: _____

Registration Forms Can Be Mailed To:

Field Sports Inc.
6400 Dublin Park Drive
Dublin, Ohio 43016
Office: (614) 791-7849
Fax: (614) 791-3044
www.field-sports.com