

PHAT FRIDAY'S REGISTRATION

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 Field Sports,Inc. and/or SportsOhio, Inc., and that I do recognize and assume that risk, whether foreseeable or unforeseeable, 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 Field Sports,Inc. and/or SportsOhio, 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 minor child's or ward's involvement or partici-pation in the programs at Field Sports, Inc. and/or SportsOhio, Inc.

Child's Name Parent's Name

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Parent's Signature Date

Address City Zip

Home Phone Cell Phone Child's DOB

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