



INDOOR BASEBALL LEAGUES

Name: _____ Date of Birth: ___/___/___ Age: _____

Address: _____ City & Zip: _____

Home Phone: _____ Alt. Phone: _____

Email: _____

Emergency Contact Name: _____ Phone: _____

Arena League: U12: _____ U10: _____ Session: _____

Name	Address	Phone

** List up to 4 players that you would like to be placed with. There is no guarantee that you will be placed with all players.

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 Field Sport Inc. and/or SportsOhio, Inc., and 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 or recreation and instruction at Field Sports Inc.. On behalf of my child or ward and his/her legal representatives, I hereby release and agree to indemnify Field Sports 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 participation in the programs at Field Sports Inc.

Parent's Name: _____

Signature: _____ Date: _____

Please circle one: Cash Check # _____ Credit Card (MC, Visa, Discover ONLY)

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

Name on Card: _____

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