



SOFTBALL CLINIC REGISTRATION FORM

Name: _____ Date of Birth: ____/____/____

Address: _____ City & Zip: _____

Home Phone: _____ Alt. Phone: _____

Program: _____ Email: _____

Age Division: _____

Session Number: _____

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 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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