

# Registration & Liability Waiver

Please Submit By mail/fax/in-person

The Fieldhouse

11825 Technology Drive Fishers, IN 46038

317-842-BALL (2255) FAX-842-8203

## INDIVIDUAL (Class, Clinic or Camp) Event Registration

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ GRADE: \_\_\_\_\_ Male / Female

E-MAIL ADDRESS: \_\_\_\_\_

SHIRT SIZE: Yth Small (6-8) Yth Med (10-12) Yth Large (14-16) Ad Sm Ad Med Ad Lrg Ad XL

For Registrants Under 18 years of age:

MOTHER (Guardian): \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

FATHER (Guardian): \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

Activity Name	Season	Day(s)	Fee

I/we do hereby acknowledge, recognize and accept the inherent risk of bodily injury, disability, paralysis and/or death to myself/ourselves and/or my/our children that exists as a result of my/our participation in any athletic endeavor, and specifically, by my/our participation in athletic endeavors offered or hosted by The Fieldhouse. As such, I/we do hereby agree to save, hold harmless and indemnify The Fieldhouse, its owners, employees, agents, and other individuals or entities operating on behalf of the The Fieldhouse, for any bodily injury, disability, paralysis, and/or death, that I/we and/or my/our child(ren) may sustain as a result of my/our participation in any athletic endeavor offered by The Fieldhouse.

In the event that I/we or my/our child(ren) suffer some type of injury or illness which requires immediate medical treatment, I/we do hereby consent to and authorize the administration of such first aid and/or medical treatment to myself/ourselves and or my/our child(ren) by employees and/or agents of The Filedhouse trained to administer such first aid and/or medical treatment. I/we do further consent to and authorize employees and/or agents of The Fieldhouse to arrange for ambulance transportation for an appropriate medical facility for me/us and/or child(ren).

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Parents: Please sign on behalf of yourself(ves) and your child(ren) under 18 years of age

Payment Information (Office Use Only): Send to 11825 Technology Drive Fishers, IN 46038

Cash	Check <b>(to The Fieldhouse)</b>	Credit Card (MC or VISA only)
Amount Received: _____	Amount Received: _____	Amount Received: _____
Staff: _____	Check Number: _____	Account #: _____
Date: _____	Lic. Number: _____	Expiration Date: _____ Type: _____
	Date of Birth: _____	Name On Card: _____