Team Entry Form

Please Submit By mail/fax/in-person

The Fieldhouse
11825 Technology Drive Fishers, IN 46038
317-842-BALL (2255) FAX-842-8203

TEAM (League or Tournament) Event Registration (ROSTER & WAIVER Forms Signed By First Game)

TEAM NAME: _____ EVENT: _____

COACH NAME: _____ TEAM AGE/GRADE: _____ MALE | FEMALE

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

Jersey #	Name (Last, First)	Address	City, State	Zip	Home Phone	DOB	Parent Signature (required for anyone under 18)

Field House League/Tournament/Event	Season	Date	Fee

Your Team's Name

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 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 Fieldhouse 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 Dr., Fishers, IN 46038

Cash
Amount Received: _____
Staff: _____
Date: _____

Check **(to The Fieldhouse)**
Amount Received: _____
Check Number: _____
Lic. Number: _____
Date of Birth: _____

Credit Card (MC or VISA only)
Amount Received: _____
Account #: _____
Expiration Date: _____ Type: _____
Name On Card: _____