



TEAM REGISTRATION

TEAM NAME _____

TEAM MANAGER/COACH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME _____ WORK _____ CELL _____

E-MAIL _____

DIVISION: COED MENS WOMENS

YOUTH: RECREATION SELECT CLASSIC

AGE GROUP: _____

AMOUNT PAID _____ DATE RECEIVED _____ BALANCE DUE _____

In enrolling at Sherwood Indoor Field House, participant understands that he/she attending the programs and using Sherwood Indoor Field House and the facilities does so at his/her own risk. Sherwood Indoor Field House and its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant with his/her family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs on the premises, He/She does hereby fully and forever release discharged hold harmless Sherwood Indoor Field House, all associated facilities and its owner, employees, and agents from any and all claims, demands, damages or rights of action, present or future resulting from any person's participation in any programs or use of the facility. In addition, he/she agree(s) to follow the rules of conduct and play set by Sherwood Indoor Field House. Failure to do so may result in suspension from participation. Consent: I the undersigned parent or guardian/participant does hereby grant authority to the staff at Sherwood Indoor Field House to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize Sherwood Indoor Field House and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team films.

I have read and understand the fee structure, requirements and [rules](#). I accept all the premises as above stated and signify by signing below.

SIGNATURE _____ DATE _____

PLEASE BRING IN OR MAIL THE COMPLETED FORM WITH \$100.00 DEPOSIT
PHONE: 503-925-2330 E-MAIL: doyled@ci.sherwood.or.us
SHERWOOD INDOOR FIELD HOUSE
15543 SW WILLAMETTE ST. SHERWOOD, OR 97140

