

PLAYER REGISTRATION FORM

NAME:	PHONE:
ADDRESS:	BIRTHDAY:
CITY:	ZIP CODE:
TEAM:	MALE-FEMALE-YOUTH
EMERGENCY CONTACT:	
EMERGENCY PHONE:	
E-MAIL:	
LEAGUE: COED-MENS – WOME	NS – YOUTH CARD MADE BY:
Sherwood Indoor Field House and the facilities does so a owners, employees or agents, shall not be liable for any deproperty loss sustained by participant with his/her family parents assume full responsibility for all injuries and dam He/She does hereby fully and forever release discharged facilities and its owner, employees, and agents from any or future resulting from any person's participation in any follow the rules of conduct and play set by Sherwood Indoor From participation. Consent: I the undersigned parent or government of the sherwood Indoor Field House to render a judgment concaccident or illness during my absence. I do hereby author and all photographs, pictures or other likeness of me or as in its promotional materials or team films.	lamage whatsoever arising from any personal injury or in or about any programs on the premises. Participants and tages which occur in or about any programs on the premises, hold harmless Sherwood Indoor Field House, all associated and all claims, demands, damages or rights of action, present programs or use of the facility. In addition, he/she agree(s) to loor Field House. Failure to do so may result in suspension guardian/participant does hereby grant authority to the staff at erning medical assistance or hospital care in the event of an ize Sherwood Indoor Field House and its assigns to utilize any nyone assigned guardianship to me, as they deem appropriate
stated and signi	fy by signing below.
SIGNATURE	DATE
PLEASE BRING IN THE COMPLETED FORM WI PHONE: 503-925-2330 E-MAIL: doyled@ci.sherwoo SHERWOOD INDOOR FIELD HOUSE	

Reviewed

 $15543~\mathrm{SW}$ WILLAMETTE ST. SHERWOOD, OR 97140