Release of Liability and Player Registration Form

(Sports Underdome, Mount Vernon, New York 10550)

Team Information			
League Name or Day & Time:	|__|__|__|__|_|__|__|__|	League Gender & Age:	|__|__|__|__|__|__|__|
Team Name:	|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|		
Coach's Name:	|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|		

Existing Player Information	
Existing ID Number:	(Leave blank if you don't have one.)
	ADMINISTRATIVE USE ONLY
Membership Fee Paid:	$ for 20_____. Collected by _____
Registration Valid Until:	_____.

New Player Information	
Please Complete This Section If You Do Not Have An Existing ID Number or If You Need To Update Below Information.	
Player's Full Name:	|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
Email Address:	|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
Address:	|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
City:	|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
State:	|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
Zip:	|___|___|___|___|___|
Home Phone:	(___|___|___) - |___|___|___| - |___|___|___|___|
Alternate Phone:	(___|___|___) - |___|___|___| - |___|___|___|___|
Date of Birth:	|___|___| - |___|___| - |___|___|___|___|
Emergency Contact:	|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
Emergency Contact Phone:	(___|___|___) - |___|___|___| - |___|___|___|___|

Release of Liability

I, for myself, assigns, heirs, next of kin acknowledge and those under my guardianship agree that I understand the nature of sports activities and that I am qualified, in good health, and in proper physical condition to participate in such activities. I further agree and warrant that if at any time I believe these conditions to be unsafe, I will immediately discontinue further participation in these activities. I fully understand that sports involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death. I understand that these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others and/or the condition in which the activities take place. I understand that there may be risks and social and economic losses either not known to me or not readily foreseeable at this time and I fully accept and assume all such risks and responsibility for losses, costs and damages that I may incur as a result of the participation the activities. I hereby release, discharge and hold harmless Sports Underdome, their respective owners, lease holders, administrators, directors, agents, officers, members, volunteers, and employees, other participants, sponsors and advertisers from all liability, claims, demands, losses and/or damages caused, or alleged to be caused, in whole or in part by me or by my assigns, heirs, next of kin, and those under my guardianship. Furthermore, I will indemnify, save and hold harmless Sports Underdome from any litigation expenses, attorney fees, loss, liability, damage, or costs which may be incurred as the result of such a claim. I understand that this form does not serve as a medical release. I understand that the maintenance of medical release information is the responsibility of the team coach or manager; if I need to complete a medical release form, I will contact the appropriate party. Furthermore, I also agree that participation grants Sports Underdome and its agents the right to take and utilize photographs without any legal or financial obligation.

I have read this agreement, fully understand its terms and have signed it freely and without inducement. Shall any portion of this agreement be held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Signature of Participant (or of Guardian if <18): _____

Date: _____