Star Hill Family Athletic Center

REGISTRATION FORM LEAGUES AND CLINICS

BASIC INFORMATION

Last Name:

First Name:

Date of Birth:

Address:

City:

State:

Zip Code:

Primary Phone:

Cell Phone:

Email:

LEAGUE

Adult Division:

Team Representative:

Team Name:

Youth Division:

Team Representative:

Team Name:

Session: 1   2   3   4

PAYMENT INFORMATION

CC Type (Visa or MC only):

CC Number:

CC Expiration Date:

Check Amount::

Cash Amount::

CLINIC

Age Group:

Sport:

Session: 1   2   3   4

PARTICIPATION WAIVER

In enrolling at Star Hill Family Center, participant understands that he/she attending the programs and using Star Hill Family Center and the facilities does so at his/her own risk. Star Hill Family Center 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 Star Hill Family Center, 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 Star Hill Family Center. Failure to do so may result in suspension from participation.

Consent: I the undersigned parent or guardian/participant do hereby grant authority to the staff at Star Hill Family Center 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 Star Hill Family Center 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.

Print Name of Player: _____

Signature (Player or Parent/Guardian):   _____

Date: _____