TEAM ROSTER AND WAIVER RELEASE FORM

Team Name _____ Sport: _____

Youth Boys Girls U ___ Division Adult Division Men Women CoEd

League I II III IV V VI B C O-30 O-40

Manager/Coach

Last Name	First Name	Address	Email	Phone #	Birthdate	Signature
					___/___/____	_____

Team Roster

CJSA Pymt	Last Name	First Name	Address	Email	Phone #	Birthdate	Signature*
						___/___/____	
						___/___/____	
						___/___/____	
						___/___/____	
						___/___/____	
						___/___/____	
						___/___/____	
						___/___/____	
						___/___/____	
						___/___/____	
						___/___/____	
						___/___/____	
						___/___/____	
						___/___/____	
						___/___/____	

*under 18 signed by parent/guardian

_____ Total CJSA Fee Paid Cash _____ Check # _____

PARTICIPATION WAIVER

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

Consent: I the parent, guardian, or participant by signing do hereby grant authority to the staff at Star Hill Family Athletic 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 Athletic 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.