

Team Sports Registration Waiver Form

Participant Information

Full Name

Date of Birth

Phone Number

Email Address

Team Name

Emergency Contact

Name

Phone Number

Medical Information

Allergies/Medical Conditions

List any relevant information

Waiver & Release

I, the undersigned, acknowledge that participation in team sports activities involves physical risk. I agree to assume all risks, and hereby release and discharge the organizers, sponsors, and affiliates from any liability arising from injury or loss during the event.

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I agree to the terms and conditions above.

Participant Signature

Date

For Participants under 18

Parent/Guardian Name



I, as parent/guardian, consent to the above waiver and registration.

Parent/Guardian Signature

Date