

Player Card Registration

Office Use Only:

Birth Date Verification _____

Payment of Card _____

Player Name: (Last) _____ (First) _____

Birth date: _____

Email Address: _____ (if applicable)

Phone Number: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone Number: _____

Team Name: _____ Age Division: _____

Liability Release Wavier, Age Verification & Roster Form

I verify that the birth date provided herein is true & correct. I further verify that I will not hold the Carroll Indoor Sports Center, Inc. (CISC), National Building Leasing, Inc., or representatives or officials of these organizations, responsible for any injury or accident which may occur while traveling to, participating in, or returning from any CISC game or event.

1. I acknowledge, agree, & represent that I understand the nature of SOCCER and LACROSSE activities & that I am qualified, in good health, & in proper physical condition to participate in such Activity. I further agree & warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. I fully understand that: (a) SOCCER and LACROSSE activities involve risks & dangers of serious bodily injury, injury, including permanent disability, paralysis, & death ("risks"); (b) these risks & dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the "releasees" names below; (c) there may be other risks & social & economic losses either not known to me or not readily foreseeable at this time; & I fully accept & assume all such risk & all responsibilities for losses, costs & damages incur as a result of my participation or that of the minor in the activity.
3. I hereby release, discharge, & covenant not to sue CARROLL INDOOR SPORTS CENTER, INC., their respective administrators, directors, agents, officers, members, volunteers, & employees, other participants, any sponsors, advertisers, and, if applicable, owner & leasers of premises on which the Activity takes place, (each considered one of the "RELEASES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations & I further agree that if, despite this release & wavier of liability, assumption of risk, an indemnity agreement, or anyone on my behalf, makes a claim against any of the "Releasees", I will indemnify, save, and hold harmless each of the "releasees" from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.
4. I further understand that CISC does not require background checks on volunteers.

Minor Release

I, the minor's parent and/or legal guardian, understand the nature of SOCCER and LACROSSE activities & the minor's experience & capabilities & believe the minor to be qualified, in good health, & in proper physical condition to participate in such activity. I hereby release, discharge, covenant no to sue, & agree to indemnify & save & hold harmless each of the release's from all liability claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operation & further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releasees named above, I will indemnity, save, & hold harmless each of the releasees from & litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim. I give CISC permission to use photos/images of my child for web design, graphics, flyers and all other print materials for CISC promotional purposes.

Signature of Player: _____ **Date:** _____

Signature of Parent/Legal Guardian: (under 18 of age)

_____ **Date:** _____