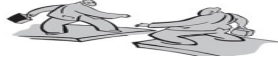


FUN SPORTS, INC.

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561-801-2418



2015-2016 TRAVEL TEAM REGISTRATION FORM (please print and include copy of birth certificate)

CHILD NAME _____ AGE _____ DATE OF BIRTH _____

GRADE _____ SCHOOL _____

HOME ADDRESS (Street, City, Zip Code)

PARENT NAME _____ EMPLOYER/PHONE: _____ / _____

PARENT NAME _____ EMPLOYER/PHONE: _____ / _____

PERSONAL CELL _____ EMAIL: _____

EMERGENCY CONTACT (Name/Phone) _____ / _____

PICK UP AUTHORIZATION (People besides "Listed Parents" that are allowed to pick up player
_____ / _____ / _____

AGREEMENT (player & parent/guardian must sign below indicating consent) **Season: 9/15 - 7/16**

I understand that is a Competitive Sport and playing time is NOT guaranteed. What is guaranteed is a quality coach providing quality skill instruction during practice times and in doing so will make the player better overall. I, agree to participate in any and all travel activities, including transportation to and from the facility. This includes walking and auto transport. All players and families must follow established Code of Conduct policy as instructed by staff for the safety of all participants. I, know that participation is a contact event and could result in serious injuries and protective equipment or rules does not prevent all injuries to players, and do hereby waive, release, absolve, indemnity and agree to hold harmless the local facility, the organizers, sponsors, supervisors, participants, referees and persons from activities for any claim arising out of any injury to me or my guests whether the result of negligence any other cause. In addition, all driving and parking of my own transportation vehicle is at my own risk while participating. I understand and agree to a \$50. non refundable deposit and agree to cover the costs of any uniforms and tournament fees as assigned. Monthly fee is only \$10. per month which is due at beginning of each month. I will also assist the club in volunteering (5) team service hours per season towards assigned club operations. I, herby consent and release for any photographs or video made by any party during participation, and I, herby agree to the recognized and established non refund policy and only credit towards future play for medical reasons with note from licensed physician.

PLAYER SIGNATURE _____ SIGNATURE DATE _____

ADULT SIGNATURE _____ SIGNATURE DATE _____

UNIFORM SIZING (Circle Size)

TOP - YS YM YL AS AM AL AXL 2XL 3XL SOCKS - S M L

BOTTOM - YS YM YL AS AM AL AXL 2XL 3XL