



Youth Registration Form

Sport: _____

Name: _____

Date Of Birth: _____

Address: _____

City & Zip: _____

Day Phone: _____

Evening Phone: _____

E-mail: _____

League Division Name: _____

League Session: _____

Emergency Contact Name: _____

Phone #: _____

Waiver:

This is to certify that I, as parent/guardian with legal responsibility for my minor child or ward, acknowledge that my child or ward will be engaged in activities that involve risk of injury at Field Sports Inc. and/or Sports Ohio, Inc., and I do recognize and assume all risk, whether foreseeable or unforeseeable, on behalf of my child or ward, and consent on behalf of my child or ward, in connection with participation in activities or recreation and instruction at Field Sports Inc. On behalf of my child or ward and his/her legal representatives, I hereby release and agree to indemnify Field Sports Inc., their affiliates, administrators, directors, agents, coaches and their employees, other participants, and sponsor agencies, from any and all claims and damages relating to or arising out of my child's or ward's involvement or participation in the programs at Field Sports Inc. Field Sports also reserves the right to send information regarding leagues, clinics, or announcements to your email address.

Parents name: _____

Signature: _____

Date: _____

Method Of Payment:

Please circle one of the options: Cash Check/Check #: _____

Discover/MasterCard/Visa Credit Card #: _____

Expiration Date: _____

V code/CID #: _____

Name On Card: _____

Registration Forms Can Be Mailed To:

Field Sports Inc.
6400 Dublin Park Drive
Dublin, Ohio 43016
Office: (614) 791-7849
Fax: (614) 791-3044
www.sports-ohio.com