

New Territory Adult Sports

Team and Individual Registration Form and Waiver

Every player must have a signed form on file with the Club at New Territory

Please check the box for the league or tournament you are registering for:

Men's Soccer League

Men's Softball League

Badminton Tournament

Coed Volleyball League

Coed Softball League

Cricket League

Men's Basketball League

College Classic Basketball Tournament

Futsal

Team Name (if known) _____ Team Captain (if known) _____ Team Color _____

Player's First Name: _____ Last Name: _____

Address: _____ City, ST, Zipcode _____

Home Phone #: _____ Cell Phone #: _____

Email addresses: *List all addresses that you check routinely. Print very carefully and neatly; Game schedules and important information communicated by email.*

1. _____ 2. _____

In order to have an enjoyable experience for everyone, abide by the following:

Club/League Rules

- ❖ Team Manager's are responsible for the behavior of their team and spectators.
- ❖ Team Manager's are responsible for knowing the League rules and informing their teammates.
- ❖ The Club has a no-cursing policy. Our facilities are family-friendly with children often present. Refrain from using foul language.
- ❖ Every person (including spectators) must abide by the Staff's/Officials' authority.
- ❖ No yelling. No abusive language or behavior. No fighting.
- ❖ Every person on New Territory property must cooperate with Staff; Staff includes Referees and Scorekeepers.

Penalties:

- ❖ Penalties for infractions may include expulsion from the gym or field, fines, suspension from games, and/or suspension from the league, without refund.
- ❖ If you disobey Staff's or Official's orders to leave the facility or field, law enforcement may be called and you will not be allowed to return.

It is your responsibility to inform fellow teammates of these rules and penalties.

I have read the Front and Back of this Form. I agree and will abide by the rules in my words and actions.

Signature _____ Date _____

Do you have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history or respiratory illness or any other significant medical condition?

_____ Yes _____ No If yes, please state condition: _____

If you wish to have your family doctor contacted in case of emergency, please provide the information below.

Doctor's Name _____ Phone # _____

Emergency Authorization

I, _____, hereby authorize the coaches, assistant coaches, Staff, Officials, or team members acting in the capacity of activity supervisors, as my agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency, please contact:

Full Name: _____ Relationship: _____

Telephone Number(s): _____

Waiver of Liability and Disclaimer

I, _____, acknowledge that participation in athletic events necessarily involves risk of personal injury. I further acknowledge that the programs of The Club at New Territory are primarily administered by parents who volunteer their time rather than paid professionals. In consideration of accepting the registration of the above named individual and permitting the voluntary participation of said individual in its programs, I hereby release, discharge, and hold harmless The Club at New Territory, its employees, volunteers and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in The Club at New Territory sponsored events, including any physical injury by the negligence of any official, referee or coach while performing his/her duties during any practices or games.

Signature _____ Date _____

Payment Information for Team Managers and Individuals registering alone:

Date Registered:	
Amount Paid:	
Payment: Cash, Ck #, or MC/Visa # & Exp. date:	
Driver's License #:	
Receipt #	
Staff Member Initials:	