



Name: _____ Sex: _____ Date of Birth: _____

Parent Name (if under 18): _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____

Cell Phone: _____ Work/School: _____ Grade: _____

Payment Method: Credit Card (Visa/MC/Disc/AMEX) Amount _____ Cash or Check# _____ Amount _____

Team Name/Desired League: _____

T Shirt Size: Youth XS (2-4) _____ Youth S (6-8) _____ Youth M (10-12) _____ Youth L (14-16) _____

ADULT S _____ ADULT M _____ ADULT L _____ ADULT XL _____ ADULT XXL _____ ADULT XXXL _____

I agree to the terms of the Waiver of Liability Statement described below:

When required, this form must be accompanied with proof of age (Valid ID's include birth certificate, driver's license, and valid IYSA or KYSA player pass). The form must be signed by the player or participant if 18 years of age & older. A legal guardian must sign for participants under the age of 18.

Printed Name: _____

Signed Name: _____ Date: _____

Waiver of Liability: (PLEASE READ)

The signature above signifies acceptance of the following waiver of liability. I acknowledge that Metro Sports, LLC may compile address labels and lists and may utilize any photographs of the named individual. I consent to the use of my name, address and likeness and herby waive all rights to compensation for their use in the promotion and/or operation of Metro Sports, LLC.

For and in consideration of our my or my child's participation in any leagues, practices, clinics, classes and encompassing any and all activities at Metro Sports Center. I/We hereby release, acquit, forever discharge, indemnify, and hold harmless, Metro Sports Center, LLC, its officers, officials, coaches, employees, representatives, all league and tournament sponsors, and their respective officers, directors, and agents of and from any and all claims, demands, actions, or causes of action, liability, or injury or damage arising out of or in any way related to participation in any activities at Metro Sports Center, LLC.

We further certify that our child has our permission to participate in any and all activities at Metro Sports Center. In the event of injury or illness to our child, we hereby grant authority to a qualified physician to render such medical treatment as said physician deems reasonable and necessary, and we also accept responsibility for any expense involved with such illness, injury, and treatment.

I understand that as a participant in Metro Sports Center, LLC sporting events that I must abide by all rules, regulations and philosophies of Metro Sports Center, LLC. The management of Metro Sports Center has the right to refuse usage of our facility at any time and any decision in this regard will be respected by the above signed person.