



10th Street Sports Center

9225 W. 10th Street Indianapolis, IN 46234

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info@the-sports-center.com

www.SportsCenter.biz

Card #

Individual Registration Form

League/Age Group: _____

First Name _____ Last Name _____

Date of Birth (year-month-day) _____/_____/_____ Gender _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Parent/Guardian Name _____

Email _____

ALL PLAYERS MUST PURCHASE A PLAYER CARD PRIOR TO BEING PLACED ON A TEAMS ROSTER. PLAYER DO NOT PAY ADMISSION CHARGES UNLESS THEY ARE A SPECTATOR FOR THAT EVENING. PLAYERS MUST CHECK IN PRIOR TO EACH GAME.

*Player Card Prices - \$15.00 for all players Youth & Adults for 10 games
- Any additional teams played on in same session \$8.00*

Each player must return this form with proof of age. Valid forms of identification include birth certificate, driver's license, or current IYSA player pass. Parent or Guardian signature is required for children under the age of 18. Players will not receive their players card without proof of age and a \$15.00 players card fee. Players will not be placed on team a roster with out a valid players card.

WAIVER/EXCLUSION CLAUSE: I, the undersigned parent/guardian/participant, in enrolling at the 10th Street Sports Center understand that he/she/I in attending any Sport Center program and using the facilities does so at his/her/my own risk. The 10th Street Sports Center and its owners, employees and agents, shall not be liable for any damage whatsoever arising from personal injury or property loss sustained by participant and his/her/my family in or about any program on the premises. Participants and parents assume full responsibility for all injuries and damages which may occur in or about any program and he/she/I do or does hereby fully and forever realize, discharge and hold harmless The 10th Street Sports Center, all associated facilities and its owners, employees, and agents from any and all claims, demands, damages, rights of actions, present or future resulting from or arising out of any person's participation in any programs or use of its facilities. In addition, he/she/I agree(s) to follow the rules of play and conduct set by the 10th Street Sports Center. He/she/I understand(s) that failure to do so may result in suspension from participation.

CONSENT: I, the undersigned parent of/ guardian of/ participant do hereby grant authority to the staff of the 10th Street Sports Center to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I hereby authorize the 10th Street Sports Center and its assigns to utilize any and all photographs, pictures, or other likeness of me and participant, as they deem appropriate in its promotional material

Player Signature _____ Date _____/_____/_____

Parent/Guardian Signature _____ Date _____/_____/_____