



# Freestate AISL - Roster/Waiver Form

2017-2018 WINTER 1

TEAM COLOR(S): \_\_\_\_\_

Team: \_\_\_\_\_

Coach: \_\_\_\_\_

Boys / Girls

Age Group: \_\_\_\_\_

By signing this release form you understand that any participants attending the programs and using the facilities does so at his/her own risk. The Facility and its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant with his/her family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs on the premises, He/She does hereby fully and forever release discharged hold harmless "The Facility", all associated facilities and its owner, employees, and agents from any and all claims, demands, damages or rights of action, present or future resulting from any person's participation in any programs or use of the facility. In addition, he/she agree(s) to follow the rules of conduct and play set by "The Facility". Failure to do so may result in suspension from participation.

Consent: I the undersigned parent or guardian/participant do hereby grant authority to the staff at "The Facility" to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence.

|    | Player's Name | Shirt size | Parent/Guardian Signature | E-mail Address | D.O.B | Phone |
|----|---------------|------------|---------------------------|----------------|-------|-------|
| 1  |               |            |                           |                |       |       |
| 2  |               |            |                           |                |       |       |
| 3  |               |            |                           |                |       |       |
| 4  |               |            |                           |                |       |       |
| 5  |               |            |                           |                |       |       |
| 6  |               |            |                           |                |       |       |
| 7  |               |            |                           |                |       |       |
| 8  |               |            |                           |                |       |       |
| 9  |               |            |                           |                |       |       |
| 10 |               |            |                           |                |       |       |
| 11 |               |            |                           |                |       |       |
| 12 |               |            |                           |                |       |       |
| 13 |               |            |                           |                |       |       |
| 14 |               |            |                           |                |       |       |

\*\*\*ALL FIELDS MUST BE FILLED IN, NO EXCEPTIONS\*\*\*

(Office Use) Date Received: \_\_\_\_\_