

Youth Team Roster Form

The Courts of Northwest Indiana
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LEAGUE/TOURNAMENT/EVENT: _____ DATE OF EVENT: _____

TEAM NAME: _____ TYPE: (circle one) SCHOOL or OPEN, BOYS or GIRLS

SCHOOL DISTRICT: _____ GRADE/AGE DIVISION: _____

COACH'S NAME: _____ EMAIL ADDRESS: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ FAX: _____

Jersey #	Player Name:	Address, City, State, Zip:	School:	Date of Birth:	PARENT SIGNATURE (required for anyone under 18)

I/we as signed above, recognize and accept any and all risk of injury and/or property that shall exist as a result of my child participating in any athletic activity offered or hosted by The Courts of NWI. I/we do hereby agree to indemnify, waive, release, hold harmless, and discharge The Courts of NWI, its owners, employees, agents, sponsors, and any other individual or entity acting on behalf of The Courts of NWI for any bodily injury, claims, damages, or expenses that my child may sustain as a result of participation in any athletic activity offered by The Courts of NWI. In the event that my child should require immediate medical attention for any injury or illness, I/we hereby give consent and authorize trained personnel from The Courts of NWI to administer the appropriate first aid and/or medical treatment. I also authorize The Courts of NWI and/or their employees to provide ambulance service at the nearest medical facility for treatment, if deemed necessary. By signing this consent form/liability release, I agree to allow The Courts of NWI to reproduce the likeness of me/my child in a photo, video, etc., in promotional materials and/or publications.