



Registration Form

All payments and registrations are taken by Dr. John's Sports Center.

Participant's Name

Participant's Address

City, State Zip

Home Phone Number

Parent's Name

Parent's Cell Phone No.

Parent's Email

Date of Birth

Grade in School

School Attending

T-Shirt Size

Checks are made payable to Dr. John's Sports Center. Credit Card payment can be accepted over the phone (VISA, MasterCard, Discover). All players pay their own fee.

Parent's Signature: _____

Medical Waiver: I fully understand that Dr. John's Sports Center staff members and coaches paid by Dr. John's Sports Center are not physicians or medical practitioners of any kind. I hereby release Dr. John's Sports Center staff to render temporary first aid to my child, or children, in the event of any injury or illness, and if deemed necessary to call and seek medical help, including transportation by a Dr. John's Staff member or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should Dr. John's Sports Center staff deem this to be necessary and I give my consent for any and all medical treatment.

I recognize the risks and hazards associated with the sport play and my child may suffer injuries, possibly minor, serious or catastrophic in nature. This includes transportation to and from activities. I further agree to encourage my child to follow all the safety rules and the coaches' instruction. Dr. John's Sports Center coaches and other staff members will not accept responsibility for injuries sustained by any child or participant during the course of sports activities or open workouts, or in the course of any exhibition, competition, or clinic in which may or may not be located on our property. My executors, and other representatives, and I waive and release all rights and claims for damages that my child or I may have against Dr. John's Sports Center and or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage, which I consider adequate for both my child's protection and my own protection.

Photo Release: I give my permission to allow Dr. John's Sports Center use of pictures that may be taken of my child (ren) in any flier, brochure or publication, including the company website.

By checking this box, I do **not** give Dr. John's Sports Center permission to use photos of my child(ren).