



REGISTRATION FORM

Team Name _____ Club Name _____

Primary Contact _____ Secondary Contact _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Cell Phone _____ Cell Phone _____

Primary Contact: Fax (____) _____ Primary E-Mail _____

Secondary Contact: Fax (____) _____ Secondary E-Mail _____

SPORT: SOCCER _____ BASEBALL _____ SOFTBALL _____ FLAG FOOTBALL _____ CAMP _____

AGE: (Circle one) YOUTH HIGH SCHOOL ADULT **Type: (Circle one)** FEMALE MALE COED

METHOD OF PAYMENT: Check # _____ Amount: \$ _____

Make checks payable to: Gameday Sports Center

Credit Card # _____ Exp: Date: _____ (VISA, MC, DISCOVER)

Schedule Request: _____

Mail To: Gameday Sports Center, 46789 Route 20, Oberlin, Ohio 44074

Phone: 440-77GAMES (774-2637) **Fax:** 1-866-929-5703

Waiver/Exclusion Clause: I, the undersigned parent/guardian/participant of age, in enrolling for a soccer class/league/camp/tournament, understand that in attending any sports program and using the facilities does so at participant's own risk. Gameday Sports Center, Inc., its owner, employees and agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and family on the premises. Participants, parents and guardians assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and does hereby fully and forever release, discharge and hold harmless Gameday Sports Center, Inc., and all associated facilities and its owners, employees and agents from any and all claims, demands, damages, rights of action, present or future resulting from or arising out of any person's participation in any program or use of its facilities. In addition, participant agrees to follow the rules of play and conduct set by Gameday Sports Center, Inc. Participant, parent/guardian understands that failure to do so may result in suspension from participation.

I, the undersigned parent of/ guardian of/ legal age participant _____

do hereby grant authority to the staff of Gameday Sports Center, Inc. to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence.

Signed: _____ Date: _____

**Team Registration/Roster Form must be completed prior to the first game. No exceptions !*