

PLEASE PRINT LEGIBLY & COMPLETE ALL FIELDS

Parent(s) Name _____ Child's Name _____

Street Address _____

City _____ State _____ Zip _____

Phone (home) _____ Phone (mobile) _____

Email Address _____

Parent DOB _____ Child's DOB (required) _____

Team Name _____

PARTICIPATION WAIVER

Player name: _____ I, the undersigned, hereby certify that I am the parent or legal guardian of the above-named player. I am fully aware of and appreciate the risks associated in participating in activities at the NH Sportsplex. I further agree on behalf of myself, my heirs and personal representatives, that NH Sportsplex along with coaches, officials, referees, umpires, volunteers, employees, agents, officers, and directors of the organization, shall not be liable for any personal injury or any other loss or damage whatsoever occurring as a result of participation in any program.

I hereby give consent to NH Sportsplex, to provide, through medical staff of its choice, customary medical/athletic training attention, transportation and emergency services as warranted in the course of the above-named player's participation.

I certify the above-named player is in good health and may participate in all activities as a player at NH Sportsplex.

I give consent for my child to be photographed, videotaped, and/or filmed while participating in activities and for the resulting images to be used by NH Sportsplex for teaching, promotional and website purposes.

As parent/legal guardian of the above-named player, I hereby verify by my signature below that I have read and fully understand each of the above conditions for permitting my child to participate in activities at NH Sportsplex, and I accept each of the above conditions.

Parent/Guardian

Signature _____ Date _____