

Easton-Newberry Sports Complex Registration / Liability Form

PLEASE PRINT CLEARLY

Client Information

Print Name:		Gende	r: Male Female
Last	First		
Address: Street	City	State	Zip
Home Phone: ()	· · · · · · · · · ·		<i>L</i> .ib
Email Address:			
Date of Birth: Age:			
Parent/Guardian/Emergency Informa	tion		
Print Name:			
Last	First		
Address:Street	City	State	Zip
			p
Home Phone: ()			
Email Address:			
Medical History			
Medical History:			
Physician Name & Phone:			
Known Allergies & Reaction:			
Easton Newberry Sports Complex Liabi	lity Waiver		***************************************
In enrolling at Easton Newberry Sports Complex, participant Easton Newberry Sports Complex and the facilities does so a Foundation, USA Archery and all owners, employees or agen property loss sustained by participant with his/her family in or all injuries and damages which occur in or about any programless Easton Newberry Sports Complex, Easton Sports Employees, and agents from any and all claims, demands, da rograms or use of the facility. In addition, he/she agree(s) to o may result in suspension from participation. Consent: I the faston Newberry Sports Complex to render a judgment concepts and participation in the faston Newberry Sports Complex to render a judgment concepts and participation in the faston Newberry Sports Complex to render a suppression propriate assigned guardianship to me, as they deem appropriate	its, shall not be liable for any damage whatsoes about any programs on the premises. Participarams on the premises. He/She does herby fully bevelopment Foundation, USA Archery and all images or rights of action, present or future restollow the rules of conduct and play set by Eas undersigned parent or guardian/participant doerning medical assistance or hospital care in the plex and its assigns to utilize any and all photo	ver arising from any ants and parents as and forever releas associated facilities ulting from any persiton Newberry Spores hereby grant aut e event of an acciding es and parents and acciding es and parents es and es and es es and es an	personal injury or sume full responsibility e discharged hold and its owner, son's participation in any ts Complex. Failure to do hority to the staff at ent or illness during my
ignature:		Date:	
under the age of 18 years old, you must have	e a parent/guardian signature.		
ignature of Parent/Guardian		Date:	