

Player Name:	Last Name	First Name	Middle Initial
Date of Birth:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	(Office Use Only) ID# _____

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SPORTS ACTIVITY PERMIT GUIDELINES

- Permits are valid for one calendar year.
- Permits cannot be refunded, transferred, or pro-rated. Those who have already purchased a Family Permit may request to place an additional participant on that permit.
- A family permit entitles anyone in the household to participate in a Sports Association program throughout the designated year.
- Permit numbers must be provided on each individual Sports Association registration form to be considered a valid registration.
- Payment for permits can be made by cash, check or credit card.
- Any check returned for insufficient funds will be assessed a \$25 fee.

WAIVER

In consideration of your accepting my or my child's entry, I hereby, for myself, my child, my heirs, executors, and administrators waiver and release any and all rights and claims for damages I or my child may have against the City of Medina, the Sports Association listed on this form and its representatives, successors and assigns for any and all injuries suffered by myself or my child on account of any activities sponsored by the City of Medina or the Sports Association. I do hereby grant and give the City of Medina and the Sports Association the right to use my or my child's photographs or image with or without my child's name, both single and in conjunction with other persons or objects for any and all purposes including but not limited to private or public presentations, advertising, publicity and promotion relating thereto. I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold the City of Medina and the Sports Association listed on this form harmless of and from any and all liability of whatever nature which may arise as a result of such uses. For the considerations stated above, I further agree that in the event that my child repudiates or attempts to repudiate such release, I will personally indemnify and save harmless the City of Medina and the Sports Association, its successors and assigns, for any and all loss in damage occasioned thereby.

Parent/Guardian Signature _____
Date

Office Use Only

Received By: _____ Date Received: _____
Comments: _____

(Cut along dotted line and shred after processing payment)

PAYMENT METHOD

- Cash Check *(A \$48.00 fee will be charged on any check that is returned for insufficient funds)*
 VISA Master Card Card # _____ Exp. Date _____