



Adult Registration Form & Individual Waiver

MEN'S LEAGUE _____
PREMIER / 1ST / 2ND / 3RD / 4TH

WOMEN'S LEAGUE _____
1ST / 2ND / 3RD

INDIVIDUAL REGISTRATION: _____ **PART OF A TEAM:** _____

If PART OF A TEAM – TEAM NAME: _____ DIVISION: _____

PLAYER INFORMATION: (PLEASE PRINT CLEARLY)

LAST NAME: _____ FIRST NAME: _____ (Circle) MALE OR FEMALE

DATE OF BIRTH: YEAR: _____ MONTH: _____ DAY: _____

HOW MANY YEARS PLAYED? _____ (circle) SKILL LEVEL: BEGINNER * AVERAGE * ABOVE AVERAGE DIVISION: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____ PHONE #: _____

WORK #: _____ CELL #: _____ EMAIL: _____

INDEMNITY AND AUTHORIZATION:

IN CONSIDERATION OF THE CORPORATION OF CENTRAL WEST INDOOR INC., THE REGION OF PEEL AGRICULTURAL SOCIETY, AND THE PEEL DISTRICT SCHOOL BOARD, I WILL BE PARTICIPATING IN THE INCORPORATED BODY AND HEREBY PROMISE TO INDEMNIFY AND SAVE HARMLESS THE CORPORATION OF CENTRAL WEST INDOOR INC, THE REGION OF PEEL AGRICULTURAL SOCIETY, AND THE PEEL DISTRICT SCHOOL BOARD AND ALL ITS MEMBERS AND EMPLOYEES FROM AND AGAINST ALL CLAIMS, DEMANDS, ACTIONS AND PROCEEDINGS BY THE SAID ACTIVITIES AND HEREBY RELEASE AND FOREVER DISCHARGE THE CORPORATION OF CENTRAL WEST INDOOR INC., THE REGION OF PEEL AGRICULTURAL SOCIETY, AND THE PEEL DISTRICT SCHOOL BOARD, ITS MEMBERS AND EMPLOYEES FROM AND AGAINST ALL CLAIMS AND DEMANDS WHATSOEVER.

NOTICE OF WARNING: THERE IS POTENTIAL RISK IN PARTICIPATING IN ANY SPORT AND WE THE CORPORATION HAVE TRIED TO CREATE A SAFE ENVIRONMENT. PROPER CONDUCT ON OR ABOUT THE PLAYING FIELD MUST BE FOLLOWED. RULES AND REGULATIONS WILL BE ADHERED TO. IF ACCOMPANIED BY YOUR CHILDREN/CHILD, PLEASE BE AWARE THAT YOUR CHILD IS YOUR RESPONSIBILITY AND SHOULD NEVER BE LEFT UNATTENDED OR UNSUPERVISED, AT ANY TIME, BY YOURSELF OR HIS/HER GUARDIAN. YOU ARE RESPONSIBLE FOR YOUR OWN AND YOUR CHILD'S ACTIONS AND WILL TAKE FULL RESPONSIBILITY AND WILL BE FULLY ACCOUNTABLE FOR THESE ACTIONS. TEAMS WILL ALSO BE HELD ACCOUNTABLE AND RESPONSIBLE FOR THEIR SPECTATORS AND THEIR ACTIONS. ANYONE CAUGHT DESTROYING PROPERTY, USING VIOLENT CONDUCT OR OFFENSIVE LANGUAGE, SMOKING, CHEWING GUM, SPITTING OR CONSUMING ALCOHOL WILL BE PERMANENTLY BANNED FROM THE FACILITY AND WILL FORFEIT ALL REGISTRATION FEES.

AGREEMENT: I HAVE READ AND UNDERSTAND THE REGISTRATION RULES, INDEMNITY AND NOTICE OF WARNING AND I AGREE TO ABIDE BY THE FACILITY RULES AND REGULATION AND THE LAWS OF THE GAME AS SET OUT BY CENTRAL WEST INDOOR INC. I AGREE TO CONDUCT MYSELF AND SUPERVISE MY CHILD/CHILDREN IN AN ORDERLY, RESPECTFUL, AND SPORTSMANLIKE MANNER AT ALL TIMES.

Signature of Participant

Date

REFUND POLICY: ALL REFUND REQUESTS MUST BE SUBMITTED IN WRITING NOT LATER THAN THE THIRD GAME OF THE PARTICIPATING SESSION. THERE WILL BE A \$ 25.00 ADMINISTRATION FEE FOR ALL REFUND REQUESTS. REFUNDS WILL ONLY BE GRANTED FOR THE FOLLOWING CIRCUMSTANCES AND ARE SUBJECT TO A \$25.00 ADMINISTRATION FEE AS WELL AS THE RETURN OF THE UNIFORM AND ANY DISTRIBUTED EQUIPMENT OR MATERIAL: PRIOR TO THE COMMENCEMENT OF THE REGISTERED SESSION, A PARTICIPANT WHO HAS BEEN INJURED AND BY RECOMMENDATION OF HIS/OR HER DOCTOR IS UNABLE TO PARTICIPATE. A PARTIAL REFUND OR A CREDIT TO PARTICIPATE IN THE NEXT SESSION MAY BE GRANTED IF A PARTICIPANT IS INJURED DURING LEAGUE PLAY AND MAY NOT CONTINUE AS PER A DOCTOR'S ORDER. THE INJURY MUST BE REPORTED AT THE TIME OF THE OCCURRENCE TO THE REFEREE AND ONSITE MANAGER. THESE CIRCUMSTANCES WILL BE REVIEWED ON AN INDIVIDUAL BASIS. ALL OTHER REQUESTS MAY BE SUBMITTED AND WILL BE REVIEWED ON THEIR INDIVIDUAL MERITS. THERE WILL BE NO REFUNDS GRANTED AFTER THE THIRD GAME OF THE PARTICIPATING SESSION. VALID REFUNDS WILL BE ISSUE BEFORE THE END OF THE PARTICIPATING SESSION. **THIS POLICY APPLIES TO INDIVIDUAL REGISTRATIONS ONLY.**

SPECIAL REQUESTS:

OFFICE USE ONLY: PAYMENT AMOUNT : \$ _____ METHOD : DEBIT _____ VISA _____ MC _____

TAKEN BY: _____