Taylor Sportsplex
13333 Telegraph Road
Taylor, MI 48180
Phone: 734-374-8900
Fax: 734-374-8901
www.taylorsportsplex.com

PARTICIPANT REGISTRATION AND WAIVER FORM

Please print firmly and legibly: E-mail address: _____

Alternate e-mail: _____

_____	_____	_____	_____
Child's Last Name	First Name	Male/Female	Date of Birth

_____		_____	_____
Address	Apt. #	City	Zip Code

_____	_____
Phone Number	Emergency Contact Phone #

_____	_____	_____	_____
Father's Name	Alternate Phone	Mother's Name	Alternate Phone

REPRESENTATIONS, ACKNOWLEDGEMENTS, AND AGREEMENTS:

1. I hereby represent and certify that the age of the registrant listed is correct and acknowledge and agree that the registrant is physically fit to engage in both structured and unstructured activities at the Taylor Sportsplex.
2. I acknowledge the inherent risk of serious injury or even death associated with ice skating, ice hockey, inline hockey, soccer and flag football activities and I hereby release, discharge, and agree to indemnify and hold harmless the Taylor Sportsplex, its owners, managers, affiliates, and employees from any and all claims by or on behalf of the registrant arising from the registrant's participation in ice skating, ice hockey, inline hockey, soccer and flag football activities at the Taylor Sportsplex.
3. I herby represent and certify that the registrant has adequate health insurance to cover any and all injuries occurring as a result of participation in ice skating, ice hockey, inline hockey, soccer and flag football activities at the Taylor Sportsplex and as the parent or legal guardian of the participant, I hereby consent to any and all emergency medical care for participant and agree to pay for same.

_____	_____
Parent or Legal Guardian Signature	Date

OFFICE USE ONLY:

KOI Date: _____ Time: _____

Group: _____

Activity: _____