



Youth Clinic Registration Form

Child's Name _____ **Age** _____ **Sex** _____

Address _____

City _____ **State** _____ **Zip Code** _____

Home - - - **Cell** - - - **Work** - - -

Parent's Name _____

E-Mail Address _____

Emergency Contact _____ **Relationship** _____

Emergency Contact's Phone Number(s) - - - **and/or** - - -

Please Circle Clinic Choice

Youth Soccer

Youth Lacrosse

Youth Baseball

Other _____ **Age Group** _____ **Time/Days** _____

SPORTS PLEX LIABILITY/WAIVER FORM: By signing below, I hereby release, waive, discharge, and covenant not to sue Sports Plex Enterprises, LLC, doing business as The Sports Plex, its owners, officers, company representatives, affiliated companies, landlord, tournament directors, employees, operators, promoters, officials, sponsors, advertisers, lessees within The Sports Plex premises, other sports participants, and any and all other persons in or upon a playing field or spectator area at The Sports Plex (all of whom for the purposes herein are referred to as "the Releasees"). In addition, I release the Releasees from all liability to me, my personal representatives, family, assigns, heirs, and next of kin for any and all damages, and any claims thereof, based upon participating in, viewing, or attending any event at The Sports Plex. I also agree to indemnify and save and hold harmless the Releasees for any loss, liability, damage, or cost they or I may incur due to their or my negligence or as the result of any other action by them or I in, around, or upon the playing areas and/or while they and/or I am competing, participating in, officiating in, observing, working for, or in any other way associated with an event at The Sports Plex. I also assume full responsibility for, and risk of, bodily injury, death, or property damage due to the negligence of the Releasees while I am competing, participating in, officiating in, observing, working for, or in any other way associated with an event at The Sports Plex, sponsored by The Sports Plex, or contracted by The Sports Plex. I expressly acknowledge and agree that the activities at a sports event, and in and around the sports playing areas, are dangerous and involve a high risk of serious injury and/or death and/or property damage. I further expressly agree that this Release, Waiver of Liability, and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Maryland, and that if any portion thereof is held invalid, I agree that the balance of this document shall, notwithstanding, continue in full legal force and effect. I expressly consent to, and will permit, emergency medical treatment if required in the sole judgment of an EM technician, and I also give permission to The Sports Plex use my name and/or photograph for promotion or advertising purposes.

Refunds will only be given for camp, clinic or leagues cancelled by The Sports Plex.

Parent's Name

Parent's Signature

Paid Date _____ **Amt** _____ **\$ICK/CC** _____ **Initials** _____