



PLAYER INFORMATION

Name: _____ Date of Birth: _____

E-mail Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Medical Release

In the event that I am injured or my child is injured, in the absence of parent or legal guardian, I give permission for the person in charge to seek medical care.

Release of Liability/Acknowledgment of Risk

Upon entering events sponsored by Salmon Creek Indoor Sports Arena, I/We agree to abide by the guidelines, rules and policies currently published and received. By signing below, I am agreeing to and understand the possibility that participation or observation of the sport constitutes a risk to me/us of serious injury, including permanent injury or death. I/We voluntarily and knowingly agree and assume this risk and release Salmon Creek Indoor Sports Arena, its sponsors, event organizers, officials, landlords and volunteers from any liability therefore.

Player Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Parent/guardian signature required if player is under 18 years of age)

For Office Use Only:

Date Issued: _____ Card #: _____ Paid: _____ Staff: _____