

## **Team League Registration**

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	Team Name:			League Entering:		
	Team Gender:			Grade/Division:		
	Contact:			Cell Number:		
	e-mail:					
	Roster					
0.	Player Name	Age	Birth Date	Grade	Parent/Guardian Signature	
Medical Waiver and Release of Liability (This form must be signed by the parent/guardian of each player if under 18 years of age or the player if over 18 years of age before player is eligible to participate in league)I, the above signed, hereby authorize any first aid, medication, medical treatment or surgery deemed necessary in case of an emergency for the above player during the league play at the MidAmerica Sports Center. I, the above signed, in consideration of the players participation at the MidAmerica Sports Center, intending to be legally bound, do hereby ourselves, executors, and administrators waive, release, and forever discharge any and all rights and claims for damages, including any claims for loss, damages or injury to our persons or property arising out of the above player's performance or failure of performance from the MidAmerica Sports Center, their agents, representatives, successors and assigns.  As Coach/Team Representative of the						
				late•		
	Signature:		В	vate:		