

# TYLER INDOOR SPORTS YOUTH REGISTRATION ROSTER

TEAM NAME \_\_\_\_\_ COACH \_\_\_\_\_ CONTACT \_\_\_\_\_  
 PHONE \_\_\_\_\_

CIRCLE ONE: U-5 U-6 U-7 U-8 U-9 U-10 U-11 U-12 U-13 U-14 U-15 U-16 U-17

**I, THE PLAYER, & PARENT UNDERSTAND I MUST HAVE A \$10 I.D. CARD BEFORE PLAYING MY FIRST GAME AND LEAGUE FEES ARE DUE AT TIME OF REGISTRATION and COPY OF BIRTH CERTIFICATE IF NOT ALREADY ON FILE. PARENT SIGNATURE IS REQUIRED BELOW FOR INSURANCE PURPOSES BEFORE PLAYING MY FIRST GAME.**

**I, the undersigned, acknowledge and agree that attending or participating in sports may be hazardous and may result in injury. I further agree that I assume all risks of injury for myself or child and anyone who comes with me to the premises incurred or suffered while upon the premises or as a result of using the facilities or equip. therein. I further expressly agree to release Tyler Indoor Sports, its owners, employees, agents, successors, assigns, affiliates & anyone else associated with Tyler Indoor Sports from any & all claims, demands or damages whatsoever, whether developed or undeveloped, known or unknown, anticipated or unanticipated, have, now or in the future, including, but not limited to any and all claims, demands or damages for negligence, personal injury & or loss, theft or destruction of personal property. It is my intention that this release be as broad as Texas law allows releases of this sort to be. I understand that, without this document, the cost of participation would necessarily be greater, and I also acknowledge that I may obtain insurance to protect myself if I so choose.**

| YOUTH'S NAME | PARENT'S SIGNATURE | PHONE | AGE | YOUTH'S BIRTHDATE |
|--------------|--------------------|-------|-----|-------------------|
| 1.           |                    |       |     |                   |
| 2.           |                    |       |     |                   |
| 3.           |                    |       |     |                   |
| 4.           |                    |       |     |                   |
| 5.           |                    |       |     |                   |
| 6.           |                    |       |     |                   |
| 7.           |                    |       |     |                   |
| 8.           |                    |       |     |                   |
| 9.           |                    |       |     |                   |
| 10.          |                    |       |     |                   |
| 11.          |                    |       |     |                   |
| 12.          |                    |       |     |                   |
| 13.          |                    |       |     |                   |
| 14.          |                    |       |     |                   |
| 15.          |                    |       |     |                   |

Employee's Name: \_\_\_\_\_ Deposit \$ \_\_\_\_\_ Circle: Cash Check# \_\_\_\_\_ Credit Paid By: \_\_\_\_\_

Date: \_\_\_\_\_