



Creekside Sports Center Membership Application & Waiver

2019-20 Winter Challenge

This form must be turned in prior to players participating in events or playing in games.

Last Name: _____ First Name: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Birthday: ____ / ____ / ____ Age: ____ Grade: ____

Team Name: _____

Division/Program: _____ Season: _____

PARENT/GUARDIAN INFORMATION FOR YOUTH PLAYERS Under the age of 18

Last Name: _____ First Name: _____

Home Phone _____ Cell Phone: _____

Email: _____

Relationship: _____

Annual Membership dues of \$10 are payable before your first participation in club activities for the current calendar year.

Member Pledge: I certify that I will abide by and follow the rules of Creekside Sports Center and will conduct myself with Good Sportsmanship at all times. I also understand that I assume all responsibility for my guests and family members that may participate as a guest from time to time in club activities.

Membership is for the calendar year **January 1, 2019 to December 31, 2020**. Cost is \$10. Benefits: You may register yourself, family members/ guests in club activities and you and your family members/ guests may purchase snacks from our concession stand.

I hereby give approval for the participation of my child/myself in any and all activities of Creekside Sports Center, and I will assume all risk and hazards incident to such participation, including transportation to and from said activities beginning **January 1, 2019 through December 31, 2020**. I waive, release, absolve, indemnify, and agree to hold harmless Creekside Sports Center and affiliated associations, leagues, the organizers, supervisors, officers, directors, participants and persons or parents from any claims arising out of injury to myself or my child. I also give permission for myself or my child to be photographed and understand his/her picture may be used in Creekside's promotional material and Facebook page.

SELF/PARENT or GUARDIAN SIGNATURE **DATE**

Office Use Only		
Initial & Date when complete		
_____ Picture Taken	_____ ID Check	_____ Data Input (ACT)