

2014-2015 Tryout Registration

Participant Name:_____

Date of Birth:_____ Gender:_____

Age Group for Tryouts:_____

Parent Name(s):_____

Address:_____

City:_____ State:_____ Zip:_____

Phone Number:_____ E-mail Address:_____

Emergency Contact Name:_____

Emergency Phone Number:_____ Relationship:_____

Medical Release

Waiver and Release of Liability

Try-Out and related activities, the undersigned agrees and acknowledges the minor child will be engaging in activities that involve risk of serious injury, permanent disability, social and economic losses, and death which may be a result of their own actions or the actions of others, negligence, negligence of others, the conditions of the premises, or the conditions of equipment used. The undersigned acknowledges there may be risks that are not known. The undersigned assumes all risks and accepts all responsibility for any damages following any injury, disability, or death. The undersigned hereby releases, waives, and agrees not to sue the Indiana Synergy or The Plex or any of its employees, directors, officers, coaches, volunteers, and administrators, or other participants, sponsors, owners and leasers of the premises used. The undersigned releases the Indiana Synergy and The Plex from all liability for any claims, demands, losses, damages caused from injury, including death, damage to property, caused or alleged to be caused.

I have read and understand the above liability release and waiver of a minor and that I understand and forego substantial rights and do so voluntarily.

Signature:_____ Date:_____