



**REGISTER NOW!  
DODGEBALL  
FALL 2008**

**Player Form**

**Team Name:** \_\_\_\_\_

**Fee: \$60 / Player (min 6/max 10)**

- TEEN (13-18 yr olds)      6 WEDNESDAYS, 6-7PM  
 YOUTH (8-12 yr olds)      6 WEDNESDAYS, 7-8PM

Please print clearly and make sure form is filled out completely. Leagues start Wednesday, **September 10<sup>th</sup>** for 6 weeks (last week is playoffs). **Return this form to your Captain by September 1st.** Registration forms are accepted on a first come first served basis. For additional information, please call the Sandlot Academy at **(210) 494-3177** or visit [www.SandlotSA.com](http://www.SandlotSA.com).

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Emergency Telephone: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ (if under 18) E - Mail: \_\_\_\_\_

Cash    Check \_\_\_\_\_ [Check No.]    Credit Card No. \_\_\_\_\_   Exp. Date: \_\_\_\_\_

**Participant Release of Liability — read before signing**

I understand that all decisions made by Sandlot officials are final. Unsportsmanlike conduct will not be tolerated and will be grounds for ejection from the league. Anyone ejected will not receive a refund.

In consideration for being allowed to participate in any way at Sandlot Academy, its related events, and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce risk, the risk of serious injury to me does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES (as defined in paragraph 4 below) or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary rules, terms and condition for participation. If I observe any unusual significant concern in my readiness for participation and/or in the program itself, I will remove myself from participation and bring such to the attention of the nearest Sandlot Academy official immediately; and
4. I FOR MYSELF AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSON REPRESENTATIVES AND NEXT OF KIN, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS SANDLOT ACADEMY, AGENTS, EMPLOYEES, OTHER PARTICIPANTS, SANCTIONED EVENTS, SANCTIONED ORGANIZATIONS, SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND IF APPLICABLE, OWNERS AND LESSORS OF SANDLOT ACADEMY ("RELEASEES") FROM ANY AND ALL CLAIMS ARISING OUT OF MY PRESENCE AT SANDLOT ACADEMY, INCLUDING BUT NOT LIMITED TO, CLAIMS FOR ANY AND ALL INJURIES, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSONAL OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW, INCLUDING ATTORNEY'S FEES AND ATTORNEY'S FEES ON APPEAL.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTANDING ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I attest that I am physically fit and have been trained for this activity. I also waive and release the use of my photography or likeness for any reason or purpose. I WANT TO PARTICIPATE IN THIS HAZARDOUS SPORT!

**MEDICAL RELEASE:** In the event that I am Unconscious or otherwise unable to make medical decisions for myself in an emergency, I hereby give permission for medical treatment, and related transportation, to any licensed physician, surgeon, clinic, hospital or ambulance service to secure proper treatment, and to order anesthesia, for myself as named above. I am allergic to the following medications

Participant signature (Parent if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

**11909 Starcrest Drive · San Antonio, TX · (210) 494-3177 · (210) 494-3997 FAX**

[www.SandlotSA.com](http://www.SandlotSA.com)