

**NORTHSHORE
SPORTS
COMPLEX**

come. play. ball.



NORTHSHORE SPORTS COMPLEX, INC
14220 NE 193rd Place
Woodinville, Washington 98072
(425) 485-3238

REGISTRATION AND MEDICAL AND LIABILITY RELEASE FORM

NAME _____ BIRTHDATE _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

PARENT'S NAME _____ EMAIL ADDRESS _____

MEDICAL AUTHORIZATION AND RELEASE

My child has my approval to participate in batting cage usage, clinics, camps, parties, games, lessons or other events organized by Northshore Sports Complex, Inc. I understand that like all physical activities, participation in sports activities carries with it a reasonable degree of risk and agree that neither Northshore Sports Complex, Inc nor its officers, directors, operators, agents or instructors, may be held liable in any way for any occurrence in connection with my child's participation in sports activities which may result in serious injury or death or other damages to me or my family, heirs or assigns. In consideration of being allowed to participate in such sports activities, I further personally assume all risks in connection therewith, whether foreseen or unforeseen, and further to save and hold harmless such corporation, its officers, directors, operators agents or instructors from any claim by me, my family, estate, heirs or assigns arising out of such participation.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN NORTHSHORE SPORTS COMPLEX, INC AND ME, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

I as a parent or guardian of _____, give my permission for him or her to participate in sports activities, and in consideration of his or her participation, agree individually and on behalf of him or her to the terms of the above agreement and release of liability.

Northshore Sports Complex, Inc has my permission to secure emergence medical attention if I cannot be reached immediately.

SIGNED _____

DATE _____