

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

REGISTRATION INFORMATION

Name of Participant: _____ Date of Birth: _____
Name of Participant: _____ Date of Birth: _____
Name of Participant: _____ Date of Birth: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Parent's Name: _____ Email Address: _____

MEDICAL AUTHORIZATION AND RELEASE

In consideration of being allowed to participate in the activity or activities listed herein, the undersigned, on his or her behalf, and on the behalf of the participant(s) identified above, acknowledges and agrees to the following conditions:

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 participation and/or the participation of any minor/child (listed above) in sports activities. On behalf of myself and any other participant(s) named above, I knowingly and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of other participants, which may result in serious injury or death or other damages to the participant(s), 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 the participant(s), me, my family, estate, heirs or assigns arising out of such participation. If any listed participant(s) is a minor/child, I represent that I am the parent or legal guardian of the participant(s) named above, or I have obtained permission from the parent/legal guardian of the participant(s) named above, to execute this Medical Authorization and Release. The participant(s) listed above have my express approval to participate in batting cage usage, bubble soccer, clinics, camps, parties, games, lessons or any other events organized by Northshore Sports Complex, Inc.

I request that in the event of my absence or incapacity, Northshore Sports Complex, Inc. has my permission to secure emergency medical attention for any above-named participant(s), including admittance to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform and diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the participant(s). I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named participant(s).

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.

SIGNED: _____ DATED: _____