



## Membership Form

**Player Information:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender \_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email \_\_\_\_\_

**Team Age Group:** \_\_\_\_\_

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

**Managers Name:** \_\_\_\_\_

This form must be accompanied with proof of age. Valid forms of identification include birth certificate, driver's license, valid IYSA player pass. The form must be signed by the player if over 18 years of age. Parent or legal guardian signature required for youth players under 18. Player pass will not be issued membership without proper proof of age and signature.

### SELECT MEMBERSHIP

TYPE	FEE	SELECT
1 Day	\$10	
2 Months	\$15	
6 Months	\$30	
1 Year	\$48	

Valid membership is required in order to participate in games/programs.

**I agree to the terms described in the Waiver of Liability statement below:**

**Signed:** \_\_\_\_\_

**Printed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Waiver of Liability:** The signature above signifies acceptance of the following waiver of liability.

I acknowledge that Off The Wall Sports, LLC may compile address labels and lists and may utilize photographs of the named individual. I consent to these uses of my name, address and likeness and hereby waive all rights to compensation for their use in the promotion and/or operation of Off The Wall Sports, LLC.

To induce Off The Wall Sports, LLC to accept registration and permit participation in Off The Wall Sports, LLC sports programs, I hereby give my consent and agree to release, indemnify and hold harmless Off The Wall Sports, LLC, its officers, officials, coaches, employees and representatives from any claim arising out of injury to the named individual. I also hold harmless Off The Wall Sports, LLC, its officers, officials, coaches, employees and representatives from and against any claim arising out of injuries or conditions caused by or aggravated by my refusal to obtain available medical treatment based on religious or philosophical beliefs or otherwise.

I understand that as a participant in Off The Wall Sports, LLC sporting events that I must abide by all rules, regulations and philosophies of Off The Wall Sports, LLC.