

HOWARD SPORTS *Form 2*

A	Today's Date:			
	Team Name:			
	Team Division:			
	Your Name :			
	Your Address:	street		
		city/town		
		state	zip code	
Telephones:	home	work	ext.	
E-mail:	(Mandatory)			

ALL PORTIONS OF THIS FORM MUST BE FILLED OUT TO BE CONSIDERED

B By my signature below, I agree to hold Howard Sports, Inc., Saco/Dayton, Inc., all heirs and assigns, and all manufacturers of equipment and materials associated with the properties of Howard Sports and the Howard SportsDome, harmless in the event of injury or accident while I or my child, is a participant in any sport, league, or activity at Howard Sports or the Howard SportsDome.

No.	Name	Phone	Date Of Birth	Signature (parent, if under 18)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

All players must have a corresponding signature with their name. In lieu of a parent signature, a coach, team parent, team administrator, etc., may sign only if they are willing to accept liability in the event of an accident or injury to a player.

COACH: By your submission of this form, you take full responsibility for any player on your team whose name and signature appear here.