

## Under 10 Girls

# Howard Sports Registration / Roster Form

|                                       |                                 |
|---------------------------------------|---------------------------------|
| <b>Team Name</b> _____                | <b>League Fee</b> <u>675.00</u> |
| <b>Sport</b> _____                    | <b>Session / Year</b> _____     |
| <b>Team Contact Name</b> _____        | <b>Email Address</b> _____      |
| <b>Contacts Mailing Address</b> _____ | <b>City / State / Zip</b> _____ |
| <b>Contacts Home Phone</b> _____      | <b>Work / Cell Phone</b> _____  |

By my signature below, I agree to hold Howard Sports, Inc., Saco/Dayton, Inc., Sierra Woods, 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 Howard SportsDome.

|    | Print Player Name | Phone | Email Address | DOB | Signature, parent, if under 18 |
|----|-------------------|-------|---------------|-----|--------------------------------|
| 1  |                   |       |               |     |                                |
| 2  |                   |       |               |     |                                |
| 3  |                   |       |               |     |                                |
| 4  |                   |       |               |     |                                |
| 5  |                   |       |               |     |                                |
| 6  |                   |       |               |     |                                |
| 7  |                   |       |               |     |                                |
| 8  |                   |       |               |     |                                |
| 9  |                   |       |               |     |                                |
| 10 |                   |       |               |     |                                |
| 11 |                   |       |               |     |                                |
| 12 |                   |       |               |     |                                |
| 13 |                   |       |               |     |                                |
| 14 |                   |       |               |     |                                |
| 15 |                   |       |               |     |                                |
| 16 |                   |       |               |     |                                |
| 17 |                   |       |               |     |                                |
| 18 |                   |       |               |     |                                |
| 19 |                   |       |               |     |                                |
| 20 |                   |       |               |     |                                |

All players must have a corresponding signature with their name. In lieu of a parent signature, a coach, team parent, team administrator, ect., may sign if they are willing to accept liability on 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.

### Payment Information

| Payment by Credit Card       |  |
|------------------------------|--|
| (circle one)                 |  |
| VISA / MasterCard / Discover |  |
| Card Number                  |  |
| / / / /                      |  |
| Expiration Date: /           |  |

| Payment by Check |  |
|------------------|--|
| ck number: _____ |  |
| ck amount: _____ |  |
| Payment by Cash  |  |
| Amount: _____    |  |