

**NetWorks, Inc. Registration Form**  
**ONE FORM PER PROGRAM PER PLAYER REQUIRED**  
**PLEASE PRINT**

Program Name/Dates \_\_\_\_\_ Location \_\_\_\_\_

Day of the Week \_\_\_\_\_

Player's First Name \_\_\_\_\_ Player's Last Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_

Email address for Program Confirmation and Info \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Date \_\_\_\_\_ Player Grade Fall '15 \_\_\_\_\_

Player's School \_\_\_\_\_

Player's Special Needs/Medications/Disabilities/Previous Injury \_\_\_\_\_

Parent/Guardian #1 Name \_\_\_\_\_ Cell Number \_\_\_\_\_

Parent/Guardian #1 Employer \_\_\_\_\_

Parent/Guardian #2 Name \_\_\_\_\_ Cell Number \_\_\_\_\_

Parent/Guardian #2 Employer \_\_\_\_\_

Emergency Contact (If Parent/Guardian can't be reached) Name \_\_\_\_\_

Emergency Contact's Phone Number \_\_\_\_\_

**NetWorks Liability Release & Acknowledgement**

Participation in a NetWorks Program involves the risk of injury including, but not limited to collision with other participants, being hit by the ball, falling onto the floor or into a wall, scratches, bruises, sprained and broken ankles and other body parts. By submitting this registration for my child's participation in this program, I acknowledge that I am requesting that my child have the opportunity to participate in this program and that I, on behalf of myself, my child, heirs, assigns, executors and administrators (a) acknowledge all risks of injury and death associated with participation in a NetWorks program, (b) assume responsibility should injury and death result from these risks, (c) waive any legal rights we may have to seek payment of any kind from NetWorks, Inc. and the owners, operators, administrators, employees and agents of the facility at which this NetWorks program is being held for bodily injury or death resulting from participation in this NetWorks program, and to release these parties from any liability for damages resulting from injuries and death, (d) acknowledge that no additional insurance coverage is provided by NetWorks, Inc. and the owners, operators, administrators, employees and agents of the facility where this NetWorks program is being held, (e) agree to follow all rules and procedures of the program and reasonable instructions of the coaches and NetWorks employees.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Must be signed before registration can be completed.**

Payment Methods: (please circle one)    Check    Cash    VISA    MasterCard

Enclosed is my check for: \$ \_\_\_\_\_ Check # \_\_\_\_\_

Please bill my credit card: Visa    or    MasterCard # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name \_\_\_\_\_