

PHOENIX SPORTS CENTER
RELEASE OF LIABILITY AND MEMBERSHIP FORM

TEAM _____ NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE() _____ BIRTHDAY _____

YOUTH _____ FEMALE _____ MALE _____

I do hereby expressly and specifically assume all of the risk, which attend the game of soccer and any other sports or related activities, including but not limited to physical contact and physical injuries.

I, the undersigned, hereby agree to indemnify and save harmless the Phoenix Sports Center, its officers, instructors, officials, coaches, managers, employees, members and or leasee (s): including but limited to any adjoining facilities, and the adjacent parking lot (s), from any and all claims, damages, losses, attorney's fees, cost, demand, action, suits or proceedings arising allegedly or in reality out of the acts of omissions and participation of the undersigned in any or related activity.

I hereby agree to all the rules and regulations as set forth by the Phoenix Sports Center.

Signature: _____

Parent or Guardian: _____

Email address: _____

For office use only

Member # _____ Team # _____ Fee # _____

Need picture yes/no Need card yes/no

Need printed yes/no Printed on(_____)

Payment Dates: amount / Date /Initial Paid in full (circle)

_____/_____/_____/_____/_____

3839 W. Indian School Rd. Phoenix, Az. 95019 602-269-6766