

SQUIRTS



The Arena Squirts League Player Application

Spring 2012 SEASON

GAMES BEGIN Feb 25th and run thru April 14th

Boys & Girls U5 & U7

Player fee is \$89 + Annual membership \$35

Practices start Feb 15th from 5-6p

THE FASTEST GAME ON THE PITCH!

League Details

All games will be played on Saturdays. ***Please note the last day to sign up is Feb 1st. All sign ups received after that date will incur a \$25 late fee.***

Please fill every line below.

Player Name _____ D.O.B. ____/____/____ Age _____

Address _____ City _____ State _____ Zip _____

Last League Played? _____ Shirt Sz. [circle] (YOUTH) (ADULT) (S) (M) (L) (XL)

Parent Name _____ D.O.B. ____/____/____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Email _____

League Details and Rules



GAMES ARE 30 MINUTES LONG



SMALL SIDED FOR U5 / FULL FIELD FOR U7



SMALLER TEAMS MAKE FOR MORE PLAYING TIME



**FEWER STUDENTS MEANS A BETTER LEARNING ENVIRONMENT WITH
PROFESIONAL COACHING!!!**



FOR ARENA USE ONLY



Division Placed in _____

App Rec'vd by _____



Team Placed On _____

Entered in Comp By _____



The Arena Indoor Sports Complex

1721 W. 11th St, Upland, CA 91786 (909) 985-7903

Participants Name

() - / /
Contact Phone Date

RELEASE AND WAIVER OF LIABILITY and AGREEMENT TO INDEMNIFY (MUST BE COMPLETED AND SIGNED BEFORE PLAYING)

By signing this document, I hereby agree to indemnify, defend, hold harmless and release Upland Arena Sports, LLC and its officers, agents, owners and employees (collectively referred to herein as "UAS") from any and all lawsuits, damages, claims, judgments, loss, liability, or expenses arising from or related to any of the following occurrences: (a) death or personal injury that is caused, in whole or in part by any acts or omissions committed by me, any child or ward in my care while at The Arena Indoor Sports Complex, and/or any spectator I bring to the premises, (b) any death or personal injury suffered by me, any child or ward in my care, and/or any spectator I bring to the premises due to the acts or omissions of any third party, including but not limited to UAS, (c) death or personal injuries resulting from any good faith attempt to render medical treatment to me, any child or ward in my care, or any spectator I bring to the premises, and (d) any property damage suffered as a result of my acts or omissions, the acts or omissions of any child or ward in my care, the acts or omissions of any spectator that I bring to the premises and/or the acts or omissions of any third party, including but not limited to the acts and omissions of UAS. The foregoing provisions concerning indemnification, waiver and release do not apply to claims or damages caused by the sole negligence or willful misconduct of UAS. I also understand that UAS does not carry insurance to cover participants in the activities in which I, my child or my ward am/is/are participating. I understand there are risks associated with these activities, and I assume the risk of any injuries that I, my child or my ward may sustain during any of the activities. I understand UAS may take photographs that include me, my child, and/or ward for use in UAS publications and news releases and, by signing this document I give my consent to such use.

AUTHORIZATION FOR MEDICAL TREATMENT

Initial In the event of sudden illness, accident, or injury suffered by any minor in my care or custody, I hereby give my consent for emergency treatment as necessary under the circumstances by any physician licensed under the laws of the state of California.

PARTICIPANTS MUST ALSO AGREE AND SIGN BELOW

I sign the statement below because:

1. I agree that on my own behalf, my child, ward, and I have had an opportunity to reasonably inspect the premises and am assuming a known risk.
2. I know and understand that activities conducted at The Arena Indoor Sports Complex are inherently dangerous and can cause serious and permanent personal injury or even death to participants, and bystanders on the premises.
3. I know and understand that UAS does NOT have any trained medical staff on site.
4. If I am injured while participating, I agree that anyone who provides medical assistance shall not be liable in the event this causes an increase in the injury, additional injury or even death.
5. I agree that if anything happens to me while participating, including injury or death, I release UAS, its officers, agents, owners and employees from liability to the extent specified above.

I AM ABLE TO READ AND I HAVE READ THE ABOVE WAIVER/RELEASE OF LIABILITY AND UNDERSTAND IT.

Signature of Participant (any age)

Date

Signature of Guardian (if participant is a minor)

Date

Participants Address

City

State

Zip

Phone #

D.O.B

() - / /