

Activity Registration Form

Please Submit By mail/fax/in-person

Team Indiana c/o Evan A. Beauchamp
8487 Blacksmith Court, Fishers, IN 46038
317-841-1424 Fax. 317-841-1424

INDIVIDUAL (Class, Clinic or Camp) Event Registration

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____

BIRTHDATE: _____ GRADE: _____ Male / Female

E-MAIL ADDRESS: _____

SHIRT SIZE: Yth Small (6-8) Yth Med (10-12) Yth Large (14-16) Ad Sm Ad Med Ad Lrg Ad XL

For Registrants Under 18 years of age:

MOTHER (Guardian): _____

WORK PHONE: _____ CELL PHONE: _____

FATHER (Guardian): _____

WORK PHONE: _____ CELL PHONE: _____

Team Indiana Camp Name	Session	Day(s)	Fee

I/we do hereby acknowledge, recognize and accept the inherent risk of bodily injury, disability, paralysis and/or death to myself/ourselves and/or my/our children that exists as a result of my/our participation in any athletic endeavor, and specifically, by my/our participation in athletic endeavors offered or hosted by the Team Indiana. As such, I/we do hereby agree to save, hold harmless and indemnify Team Indiana, its owners, employees, agents, and other individuals or entities operating on behalf of Team Indiana, for any bodily injury, disability, paralysis, and/or death, that I/we and/or my/our child(ren) may sustain as a result of my/our participation in any athletic endeavor offered by Team Indiana.

In the event that I/we or my/our child(ren) suffer some type of injury or illness which requires immediate medical treatment, I/we do hereby consent to and authorize the administration of such first aid and/or medical treatment to myself/ourselves and or my/our child(ren) by employees and/or agents of Team Indiana trained to administer such first aid and/or medical treatment. I/we do further consent to and authorize employees and/or agents of Team Indiana to arrange for ambulance transportation for an appropriate medical facility for me/us and/or child(ren).

SIGNATURE _____

DATE: _____

Parents: Please sign on behalf of yourself(ves) and your child(ren) under 18 years of age

Payment Information (Office Use Only): Send to 8487 Blacksmith Court, Fishers, IN 46038

Cash
Amount Received: _____
Staff: _____
Date: _____

Check (to Team Indiana)
Amount Received: _____
Check Number: _____
Lic. Number: _____
Date of Birth: _____