

Dodgeball 2018 Individual Registration Form

Participant Contact Info: PLEASE SIGN MEDICAL RELEASE ON BACK

Last Name _____ First Name _____ MI _____ Gender _____

Address _____ Date of Birth _____ (Month/Day/Year)

City _____ State _____ Zip _____

Phone Number _____

Email _____

Church (if you regularly attend church, which one?) _____

Participant Information Notes (if any)

Team You Play For:

Family Life Center Medical Release

(18 years old and older)

Name _____ Date of Birth _____

Address _____ City _____ Zip Code _____

Phone Number _____

Emergency Contact(s)

Name _____ Phone Number _____

Name _____ Phone Number _____

Do you have any allergies or medical conditions? _____. If yes, please explain. _____

Emergency Authorization:

I, the undersigned, hereby authorize the FLC staff and volunteers, acting in the capacity of activity supervisors/vehicle drivers, as my Agents, to consent to medical, surgical, or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency, please reach the above emergency contact.

Authorization Signature: _____

I acknowledge that participation in FLC events necessarily involves risk of physical injury. I further acknowledge that the programs of South Haven are primarily administered by volunteers rather than by paid, trained professionals. In consideration for accepting the registration of the named individual and permitting voluntary participation of said individual in its programs, I hereby release, discharge, and hold harmless South Haven and its employees, volunteers and other representatives or affiliates (including without limitation the participating churches, organizations participating through such churches, sponsors, game or event workers, officials, facilities and volunteers) from and against any and all claims arising out of or relating to illness, physical injury, death or other damages that may result to said individual while participating in an South Haven sponsored event, including physical injury by negligence of any official, referee or coach while performing his or her duties during any practices or games. I attest that I am physically capable to participate in this event. However, should officials, representatives or volunteers determine in their sole discretion that completion or participation in any games or events would be injurious to my health, or should I become ill or injured, I consent to my removal and treatment by any physician or medical care provider at the direction of the event or game officials, sponsors, representatives and/or volunteers. I give my permission for free use of my name and pictures in broadcasts, telecasts or written accounts of any game, practice or participation in any South Haven sponsored event.

As a member of the Family Life Center, I will support the mission of the Family Life Ministry of actively reaching people for Jesus Christ. I will help maintain a Christ-honoring atmosphere in the FLC and all sponsored activities. I have read and agree to follow the FLC policies and guidelines.

Signature: _____ **Date:** _____