

ILLINOIS FUSION

2011-2012 WINTER TRAINING REGISTRATION FORM

Player's Name _____

Age Group _____

Parent's Name (if player is under 18) _____

Address _____

Home Phone _____ Cell phone _____

Email Address _____

Fusion Players Cost \$85

Non- Fusion Players Cost \$95 (non-fusion players will need to submit an IYSA medical release form with their registration)

Waiver

On behalf of myself and my child, I certify that I/my child is in normal health and capable of participation in any program offered by Game Time Gym II/Illinois Fusion. I further certify that I/my child has medical insurance to cover any injuries sustained as a result of his or her participation in the Game Time Gym II/Illinois Fusion programs. I hereby give my consent and permission for the Game Time Gym II/Illinois Fusion staff to secure emergency medical treatment, including transportation and physician, if required, and I agree to be financially responsible for the costs of such treatment and/or transportation.

On behalf of myself and my child and family and friends, I agree to hold harmless Game Time Gym II/Illinois Fusion, its officers, employees and agents (collectively hereafter "Game Time Gym II") from any responsibility for any and all personal injuries or death which may result from my child's participation in any program offered by Game Time Gym II/Illinois Fusion. I hereby agree to assume any and all of the liability and risks of myself/my child participating in any sports programs, and to hold harmless and indemnify Game Time Gym II/Illinois Fusion as to any action brought by my child or anyone acting on his/her behalf. I have read and fully understand this waiver

Parent/Guardian Signature _____ Date _____

Participant's Signature (if over 18) _____ Date _____

Please send completed form and payment to :

Illinois Fusion
705 East Lincoln St, Suite 113
Normal, IL 61761