

## Adult Individual Player Form

Player's Name:		Date of Birth:	
Address:			
City:	State:	Zip:	
Home Phone:		Cell Phone:	
Email Address:			
Team Name:			
Captain's Name:			
Emergency Contact's Name:			
Emergency Contact's Phone I	Vumber:		
Any Known Allergies/Illness	es:		
<ul> <li>administrators and the</li> <li>No tobacco products or</li> <li>No foul or abusive langular</li> <li>No fighting or arguing of immediately and not allow Manager.</li> <li>Individuals are responsing not leave bottles or training</li> </ul>	rmless from any and all lo facility should do so at the staff of The Arena Club a alcoholic beverages are p age at any time f any kind will be tolerate wed back in for a period o	ss, claim, injury, damage, or lid neir own risk. The property ow assume no liability for any injur ermitted inside/outside the fo ed; you will be removed from the of time to be determined by the bench area is clean before leads to clean up	nbility sustained or eners, league ries or accidents. acility he building he Athletics
<ul> <li>There is no arguing with</li> </ul>		rea area	
<ul> <li>There is no slide tackling</li> </ul>	9		
Player Name Signed:			
Player Name Printed:		Date:	