The 422 SportsPlex
Permanent Team Roster & Waiver Form
Youth Sports

In signing this waiver form below, I release The 422 SportsPlex & other involved parties from any claims or responsibility for injuries suffered in this league. I knowingly assume all risks associated with participation, even if arising from negligence of the participants or others, and assume full responsibility for my child's participation. I certify that my child is in good physical condition and can participate in sports. Further, I authorize the site director to request medical treatment as necessary to insure my child's safety.

Also by signing below, I take all responsibility for knowing and abiding by the rules of the The 422 Sportsplex. If I do not abide by the rules of the The 422 Sportsplex I risk being banned from the facility and having my money forfeited.

Team Name:_____ Sport:_____ Age Group:_____ Skill Level:_____

Coach Name:_____ Home Phone:_____ Cell Phone:_____

Address:_____ Work Phone:_____

Jersey #	Player Printed Name	Parent Signature	DOB	Email	Home Phone