TEAM ENTRY FORM The Fieldhouse-Merrillville 899 E. 99th Court Merrillville, IN. 46307 219-738-2424 The Nation's Finest Basketball Facility

Please submit by mail/fax/in-person

TEAM (League or Tournament) Event Registration (Roster & Waiver Forms signed by First Game)

TEAM NAME:_____ EVENT:_____

COACH NAME:_____ TEAM AGE/GRADE:_____ MALE/FEMALE

ADDRESS:_____

CITY:_____ STATE:_____ ZIP: _____

HOME PHONE:_____ WORK PHONE:_____

CELL PHONE:_____ FAX:_____

E-MAIL ADDRESS:_____

Jersey #	Name (Last, First)	Address	City, State	Zip	Home Phone	DOB	Parent Signature, required if under 18*

FIELDHOUSE LEAGUE/TOURNAMENT/EVENT	SEASON	DATE	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 child(ren) 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 Fieldhouse-Merrillville. As such, I/we do hereby agree to save, hold harmless and indemnify BankShooters Inc.,dba The Fieldhouse-Merrillville, its owners, employees, agents, and other individuals or entities operating on behalf of The Fieldhouse-Merrillville, 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 The Fieldhouse-Merrillville.

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 The Fieldhouse-Merrillville trained to administer such first aid and/or medical treatment. I/we do further consent to authorize employees and/or agents of The Fieldhouse-Merrillville 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—Make checks payable to: The Fieldhouse-Merrillville 899 E. 99th Court Merrillville, IN. 46307 **Fax#: 219-769-1267**

Cash
Amount Received:_____
Staff:_____
Date:_____

Check
Amount Received:_____
Check #:_____
License #:_____

Credit Card (MC or VISA only)
Amount Received:_____
Account #:_____
Expiration Date:_____ Card Type:_____
Name on Card:_____