

League / Event	
Age Group:	Team Name:
Athletes Information	
	Last Name:
Date of Birth:	
	Cell Phone:
Address:	Apt #:
City:	State:Zip:
attending the programs and does so at his/her own risk.	Complex, participant understands that he/she using Omaha Sports Complex and the facilities Omaha Sports Complex and its owners, employees
personal injury or property	for any damage whatsoever arising from any loss sustained by participant with his/her family in ne premises. Participants and parents assume full
, , ,	and damages which occur in or about any programs
on the premises, He/She doe	es hereby fully and forever release discharged hold
	nplex, all associated facilities and its owner,
	any and all claims, demands, damages or rights of ulting from any person's participation in any
	ity. In addition, he/she agree(s) to follow the rules of
	aha Sports Complex. Failure to do so may result in
	on. Consent: I the undersigned parent or
	eby grant authority to the staff at Omaha Sports
	ent concerning medical assistance or hospital care in
	lness during my absence. I do hereby authorize
	its assigns to utilize any and all information, her likeness of me or anyone assigned guardianship
	riate in its promotional materials or team films.
to me, as they deem appropr	ace in its promotional materials of team illins.
Athletes Printed Name:	Date:
Athletes Signature:	
Parent Signature:	Date:

(Parent or Legal Guardian's Name Printed or Legal Guardian's Signature)
Please fill out if Athlete is under the age of 18 years old.