



Facility Waiver

Sports Network and Fitness, Inc.
8320 Quarry Road, Manassas, Virginia 20110
703-335-1555/ www.snflive.com

*Team Name: _____

*League: _____

Camp/Clinic Name: _____

Camp/Clinic Date: _____

FOR SNF STAFF USE ONLY

- Entered Into EZFacility
 - Entered Into Sports I.T.
 - Received Kicker Uniform
 - Checked off Waiver
 - Taken Picture
 - Member ID _____
 - Paid for Card
 - Received Card
 - Allergies/Special Needs? _____
- Staff Name: _____

*Parent/Participant (over 18) First Name: _____ *Last Name: _____

*Address: _____

* Email Address: _____

City: _____

State: _____

Zip: _____

*Gender: (please circle) Male Female

* Birthdate (mm/dd/yyyy): _____

*Phone: (H) _____ (C) _____ (W) _____

*T-Shirt Size (circle one): Youth: Small Medium Large X- Large XX-Large

Adult: Small Medium Large X-Large XX-Large

(circle gender)

Child Full Name (1): _____ Age: _____ Birthdate: _____ M F

Child Full Name (2): _____ Age: _____ Birthdate: _____ M F

Child Full Name (3): _____ Age: _____ Birthdate: _____ M F

Emergency Contact: _____ Phone: _____

- Categories:** () Basketball () Youth Soccer () Adult Soccer () Flag Football () Futsal
 () Lacrosse () Camps/Clinics () Volleyball () Rock Climbing/Birthday () Lil' Kickers

Registration Consent, Agreement, Waiver and Release of Liability

By enrolling at SNF, I understand that attending the programs and using SNF and the facilities is at my own risk. SNF and its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by my participation with my family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs or activities on the premises, I hereby fully and forever release discharged hold harmless SNF, its owner, employees, and agents from any and all claims, demands, damages or rights of action, present or future resulting from any person's participation in any programs or use of the facility. In addition, I agree to follow the rules of conduct as stated below and play set by SNF. Failure to do so may result in suspension from participation. **Consent:** I the undersigned parent or guardian/participant do hereby grant authority to the staff at SNF to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize SNF and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team films. If registering as an individual, I give SNF permission to share my contact information with team captains and managers in order to facilitate my placement with a team.

Participant or Parent/Guardian Signature (if participant is under 18 yrs)

Date

- | | |
|------------------------------------------|--------------------------------------------|
| ✓ Play At Your Own Risk | ✓ Flat Non-Marking Shoes On Hard Court |
| ✓ You Must Pay Before You Play | ✓ Shirts Must Be Worn At All Times |
| ✓ Absolutely No Alcohol Prior To Playing | ✓ No Ball Kicking Except in Playing Fields |
| ✓ Use Bathroom Lockers For Changing | ✓ No Fighting, Spitting or Foul Language |
| ✓ No Cleats Allowed | ✓ No Outside Food Into Facility |
| ✓ No Gum Anywhere Permitted | ✓ Dispose Of Your Trash In Receptacles |