

PLEASE MAIL CHECKS PAYABLE TO:

Sportsplex USA

PLEASE MAIL TO:

**Sportsplex USA
Attn: Sean Scott
PO Box 769, Poway CA 92074**



PHONE: 858-679-4000 x 317
FAX: 858-679-4004
EMAIL: sean.scott@sportsplexusa.com

MIGHTY MITE REGISTRATION		IMPORTANT! Please list your EMAIL below. It will be used to communicate sports information ONLY!		PARENTS! PLEASE FILL OUT ENTIRE FORM	
PLAYER'S NAME		<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	AGE	DATE OF BIRTH
ADDRESS		CITY, STATE, ZIP		SCHOOL	
HOME PHONE		EMAIL			
PARENT'S NAME		WORK PHONE		OCCUPATION	
MIGHTY MITE EXPERIENCE	<input type="checkbox"/> THREE OR MORE SESSIONS	<input type="checkbox"/> ONE OR TWO SESSIONS	<input type="checkbox"/> NO MIGHTY MITE EXPERIENCE	I WANT TO VOLUNTEER!	<input type="checkbox"/> TEAM COACH <input type="checkbox"/> TEAM PARENT
FEES PAID	<input type="checkbox"/> \$79	<input type="checkbox"/> \$69	I WOULD PREFER MY CHILD BE PLACED IN THE FOLLOWING AGE GROUP	<input type="checkbox"/> 3 YEARS	<input type="checkbox"/> 4 YEARS <input type="checkbox"/> 5 & 6 YEARS
SPECIAL CIRCUMSTANCES					
Date Received _____	Amount	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK	Receipt	Initials
MAIL ME IN BY APRIL 30TH					

Activity Participation Release

Child's Name

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in the Sportsplex USA program described herein. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to the activities of the program. I will not hold Sportsplex USA liable for any injuries incurred during the program whether caused by equipment or the acts or omission of others including Sportsplex USA personnel. I further agree and specifically intend to waive as to the Sportsplex USA staff, officers and directors thereof any claim know or unknown to me. I do hereby authorize the Sportsplex USA as agent for the undersigned, to consent with respect to the minor any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that Sportsplex USA is not responsible for costs incurred for medical care. If I participate in the program, whether as coach, instructor, aide, spectator, or participant, I presently waive as to Sportsplex USA and staff, officers and directors thereof, any claim presently known or unknown for damage to property or personal injury whether caused by equipment or the acts or omissions of others including Sportsplex USA personnel.

Parent/Guardian Signature

Date