



REGISTRATION FORM

313 Madison Pike, Erlanger KY 41017 (859) 363-1777 www.pleasureislesports.com

(Please print CLEARLY)

SPORTS INTEREST					
Sport interested in:	<input type="checkbox"/> BASKETBALL	<input type="checkbox"/> CHEERLEADING	<input type="checkbox"/> SOCCER	<input type="checkbox"/> TEE-BALL	<input type="checkbox"/> VOLLEYBALL
League interested in:	<input type="checkbox"/> BOYS ONLY	<input type="checkbox"/> GIRLS ONLY*	<input type="checkbox"/> CO-ED		
		*If selecting Girls Only and a separate league is unavailable due to lack of registrations, you will be contacted by the director.			
	<input type="checkbox"/> ADULT MALE	<input type="checkbox"/> ADULT FEMALE	<input type="checkbox"/> ADULT CO-ED		
YOUTH T-shirt size:	<input type="checkbox"/> Youth Small	<input type="checkbox"/> Youth Medium	<input type="checkbox"/> Youth Large	<input type="checkbox"/> Youth X-Large	
ADULT T-shirt size:	<input type="checkbox"/> Adult Small	<input type="checkbox"/> Adult Medium	<input type="checkbox"/> Adult Large	<input type="checkbox"/> Adult X-Large	<input type="checkbox"/> Adult XXL

PARTICIPANT INFORMATION		
Participant's Last Name:	First:	Middle:
Street address or P.O.Box:	Cell phone #: ()	Home phone #: ()
City:	State:	ZIP Code:
Email Address:	Birth Date: / /	Sex: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Please fill out the rest of the form if the participant is a minor (under 18 years old):		
School:	Grade:	Current Age:
Mother's Name:	Father's Name:	

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

(Please read carefully and sign below in both places)

I, the parent/guardian/participant, in consideration of being allowed to participate in any way do so at his/her/my own risk. The Fun Center at Pleasure Isle, its board of directors, staff and agents, shall not be liable for any damages whatsoever arising from any personal injury or property loss sustained by participant and his/her/my family in or about any programs provided by the Fun Center at Pleasure Isle. I acknowledge that I am aware of the risks inherent in participating in such programs and understand that they may require physical exertion; and could potentially lead to injuries that may cause permanent disability and/or death. Participants and parents assume full responsibility for all injuries and damages which may occur in or about any programs and on any premises that Fun Center at Pleasure Isle uses. He/she/I do or does hereby fully and forever release, discharge and hold harmless Fun Center at Pleasure Isle, all associated facilities and its owners, employees and agents from any and all claims, demands, damages, right of action, present or future resulting from or arising out of any person's participation in any programs. Also, waiver all rights to any photos taken for use in any Fun Center at Pleasure Isle publication.

Parent/Legal Guardian Signature

Date

PERMISSION TO TREAT

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child should sickness or an accident occur in my absence.

Parent/Legal Guardian Signature

Date

REGISTRAR USE ONLY

Payment Method:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____	Credit Card:	<input type="checkbox"/> VISA	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> MASTERCARD
	Amount: _____	Date: _____	Accepted by: _____			