

REGISTRATION FORM FOR LIMA, OH



**APEX SPORTS ZONE- BASEBALL/SOFTBALL MACHINE HITTING
LEAGUE REGISTRATION FORM/WAIVER**

****NO PLAYER MAY PARTICIPATE UNLESS REGISTRATION/WAIVER FORM IS
RECEIVED AND FULL PAYMENT HAS BEEN APPLIED******

Please select which division you are registering for:

Machine Hitting Leagues:				
Select Division:				
\$45/player:				
_____ 8U	_____ 10U	_____ 12U	_____ 14U	_____ 15U & up

League (CIRCLE ONE):

Baseball

Softball

Participant First Name: _____ **Participant Last Name:** _____

First and Last Name of Participant Parent (if under 18) _____

Address: _____

City: _____ **State/Province:** _____ **Zip/Postal Code:** _____

Telephone (Home): (_____) _____ **(Mobile):** (_____) _____

Email (A working email address is required for participation!): _____

Birth Date: _____ **Gender:** _____ **School** _____ **Grade** _____

Name of Team (Please write "Apex" if you don't have a team and need us to find you one!): _____

Name of Coach: _____ **Promo Code:** _____

In enrolling at Apex Sports Zone, participant understands that he/she attending the programs and using Apex Sports Zone and the facilities does so at his/her own risk. Apex Sports Zone and its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant with his/her 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 on the premises. She/he does hereby fully and forever release discharged hold harmless Apex Sports Zone, all associated facilities and 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, he/she agree(s) to follow the rules of conduct and play set by Apex Sports Zone. 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 Apex Sports Zone 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 Apex Sports Zone and its assigns to utilize any and all photographs, pictures or other likeness of me or any one assigned guardianship to me, as they deem appropriate in its promotional materials or team films.

Signature: _____ **Date:** _____ **Print Name** _____

(Parent or Guardian Signature Required if Participant is Under 18)

**Registration Deadlines for each session will be posted at ApexSportsZone.com
Pricing for league sessions, tournaments, and special events can also be found on the website**

**Please mail this completed form, with full amount due, to:
Apex Sports Zone, 4565 Elida Rd., Elida, OH 45807
Make checks payable to: Apex Sports Zone**

STAFF INFORMATION ONLY

DATE _____	AMOUNT _____	PAYMENT METHOD _____	CHECK # _____
(CHECK ONE) GUEST _____	FULL REGISTRATION _____	FACILITY MANAGERS INITIAL _____	