



OCSL 7v7
Registration Form
(Please Print)

Minor's Name: _____
Apellido/Last Name Nombre/First Birth Date. Age.

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone :(____) _____ Email _____

Team: _____ Division _____

Attach participant
photo here.

I further understand that serious injuries occasionally occur during the activity and participants in the activity occasionally sustain mortal or serious injuries and/or property damage, as a consequence there of knowing the risk of the activity never the less, and behalf of the minor. Thereby to assume those risk and to release and hold harmless all of these persons/or entities mentioned above who, through negligence or carelessness. Might otherwise be liable to me, my heir or assign for damage.

I futher understand and agree that this wavier, release and assumption of risk to be binding on my heirs and assigns.

I agree to accept and abide by the rules and regulations of the **OCSL 7v7**

SIGNATURE OF PLAYER

DATE