



YP SPORTS REGISTRATION FORM

NAME: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

ADDRESS/CITY/ZIP: _____

DATE OF BIRTH: _____

T-SHIRT SIZE: S M L XL XXL **JERSEY #:** _____

ACTIVITY: _____ **TEAM NAME:** _____

Official Agreement, Waiver and Release

I acknowledge that I am not covered by any medical insurance policy of Action Greensboro. In consideration of Action Greensboro allowing the participation in Action Greensboro sponsored or operated programs, I do release Action Greensboro, its officers, agents, or employees from all liability, demands or claims for loss, damage, or injury resulting from participation in the above named activity and do hereby give consent for emergency treatment. I further state that I have read the foregoing release and covenant not to sue, know the contents thereof and sign the same as my own free act.

Signature _____

Date _____