



Please Choose Your Age Group:



2013



2014



2015



2016

Player's Name: _____

Player's Age: _____ Player's Grade in School: _____

Position(s) Trying out For: _____

Parents Email: _____

Parents Email: _____

Parents Phone Number: _____

Parents Phone Number: _____

Release of Liability Clauses:

I hereby release, discharge and hold harmless iLax, Top of the Bay, Inc., Cedar Lane Sports Foundation, its agents, employees, staff members, directors, and officers from any claims, responsibilities or liabilities for injuries or harm incurred as a result of my participation and/or my child's participation in Top of the Bay, Inc. I authorize iLax, Top of the Bay, Inc., its agents, employees, staff members, directors and officers to take whatever action is necessary, in their best judgment, in an emergency and I hereby release discharge iLax, Top of the Bay, Inc., its agents, employees, staff members, directors and officers from any responsibility or liability related thereto. I hereby grant iLax, Top of the Bay, Inc. permission to use my name and/or my child's name, picture or likeness in any printed media or any form of advertisement. I fully renounce any and all claims upon iLax, Top of the Bay, Inc. for reimbursement for use of this material. By signing below, signee agrees to all terms fore mentioned.

Parent's Signature

Date