

Registration Form
10U Holiday Classic @ THE PAVILION

December 15, 2018

10U Open \$300

3gg - 2 pool play into single elimination bracket

The Pavilion Sports Complex

741 Fairgrounds Rd Mt. Vernon, Ohio 43050

Team Name _____

Coaches Name _____

PH# _____ Email _____

Address _____

Please Mail registration form and payment to: The Pavilion Sports Complex 739 Upper
Fredericktown Rd., Mt. Vernon, Ohio 43050. Modified ASA rules apply.

RULES AND GUIDELINES

Youths under 15 years old must be accompanied by a parent/guardian in all areas of the facility.

Alcoholic beverages are strictly prohibited.

No chewing tobacco or smoking allowed. This includes vapor cigarettes.

No pets are allowed except those assisting a person with a disability or if a special program (i.e. police canine presentations or other demonstrations) is scheduled.

The Pavilion Sports & Events Complex or staff is not responsible for any lost or stolen articles. Please do not bring valuables into the facility.

Eating and drinking is permitted in designated areas only.

Shirts and shoes required at all time.

Outside food or coolers will not be allowed in the facility.

Only scuff-resistant shoes are allowed in the gymnasium areas of the building. Dark soled running shoes, turf shoes, spiked shoes and any other types of shoes which mark the gymnasium floors are absolutely prohibited. Muddy or dirty shoes are not permitted. Participants are asked to please change into a separate, clean pair of shoes for their indoor recreational use. Shoes are required to be worn at all times while in the facility, unless designated by the activity or program instructors.

The following activities are not permitted and will result in expulsion and future use of the facility without a refund.

- Disrespectful or disorderly behavior
- Use of foul language towards staff, participants or referees
- Stealing
- Property damage or vandalism
- Loitering (inside or outside of the facility)
- Horseplay, fighting or physical play
- Littering

Participating in the facilities activities, programs, and equipment is at your own risk. We recommend that any individual involved in strenuous activity carry appropriate identification in case of emergency.

If you need help or assistance please ask the Pavilion Sports & Event Complex staff.

Pavilion Sports & Event Complex staff reserves the right to add, amend or delete rules as necessary.

Initials



THE PAVILION SPORTS AND EVENT COMPLEX
Minor Child Waiver and Release of Liability

Name of Parent/ Guardian:
Email: Phone Number:
Emergency Contact:
Emergency Contact Phone Number:

Name of Participant: Age of Participant:
Current School:

Sports Interests:
Basketball Volleyball Soccer Baseball Softball Strength Training

Minor Child Waiver and Release of Liability

This is to certify that I, as parent/guardian with legal responsibility for my minor child or ward, (name of child) (the "Minor"), acknowledge that my child or ward will be engaged in activities that involve risk of injury at facilities owned by Revere Holdings, LLC DBA The Pavilion Sports and Event Complex at 741 Fairgrounds Road, Mount Vernon, Ohio and that I do recognize and assume that risk, whether foreseeable or not reasonably foreseeable, on behalf of my child or ward, and consent on behalf of my child or ward, to his/her participation in activities at facilities owned by Revere. For myself and on behalf of my child or ward, and the Minor's heirs, assigns, personal representatives, executors and administrators and his/her legal representatives, I hereby release and agree to indemnify The Pavilion Sports and Event Complex, their affiliates, administrators, directors, members, agents, and employees (the "Representatives") from any and all claims and damages instituting or arising out of my minor child's or ward's involvement or participation in the activities at facilities owned by The Pavilion Sports and Event Complex at 741 Fairgrounds Road, Mount Vernon, Ohio by whether or not arising as a result of the negligence of the operators of such facilities. I do hereby hold harmless, release, discharge and covenant not to sue the Representatives.

I HAVE READ THIS DOCUMENT AND UNDERSTAND THAT BY SIGNING THIS WAIVER AND RELEASE OF LIABILITY I MAY BE GIVING UP VALUABLE RIGHTS. I DO SO VOLUNTARILY, AND WITH FULL KNOWLEDGE OF THE CONSEQUENCES.

Parent/Guardian Signature Date

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Initials

THE Pavilion

Sports & Event Complex

THE PAVILION SPORTS AND EVENT COMPLEX Waiver and Release of Liability

Name: _____
Email: _____ Phone Number: _____
Emergency Contact: _____
Emergency Contact Phone Number: _____

Sports Interests:

Basketball Volleyball Soccer Baseball Softball Strength Training

Waiver and Release of Liability

I am more than eighteen years of age, and I am voluntarily participating in the activities on the Premises owned by Revere Holdings, LLC (“Revere”).

I understand that I should consult my physician before undertaking or participating in any physical activities and I certify that my health and mental and physical condition are adequate to meet the requirements of the activities, which include, but are not limited to, walking, running, or any other activities for which I am coming onto the premises owned by Revere (collectively “Activities”). The Activities are organized by an individual or entity other than Revere, to which I am voluntarily participating.

I understand that my participation in the Activities creates a risk of injury, permanent disability or death. I, for myself, my heirs, personal representatives, successors and assigns, hereby: (1) waive any and all claims, and (2) release any and all liability resulting from my participation in the Activities and from any personal injury or property loss I sustain as a result of such participation. I agree to forever release, discharge, and to hold harmless from any liability the following individuals and entities: Revere Holdings, LLC, its directors, officers, shareholders, employees, agents, insurers, affiliates, predecessors, successors, and parent and sister organizations.

I understand that I am being permitted to enter the premises owned by Revere and participate in the Activities by Revere and the above-named individuals and entities in reliance upon this Waiver and Release of Liability.

I HAVE READ THIS DOCUMENT AND UNDERSTAND THAT BY SIGNING THIS WAIVER AND RELEASE OF LIABILITY I MAY BE GIVING UP VALUABLE RIGHTS. I DO SO VOLUNTARILY, AND WITH FULL KNOWLEDGE OF THE CONSEQUENCES.

Signature

Printed Name

Date