



Team Access

Name: _____ Date: _____

Sport: _____

Team Name: _____ Birthdate: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact Name and Phone #: _____

Medical History

YES NO

- ____ ____ Is there a history of heart disease in your family before age 55?
- ____ ____ Do you frequently have pain in your chest or heart?
- ____ ____ Do you have high blood pressure?
- ____ ____ Do you have high cholesterol?
- ____ ____ Do you smoke?
- ____ ____ Do you have asthma?
- ____ ____ Are you a diabetic?
- ____ ____ Do you often feel faint or have dizzy spells?
- ____ ____ Do you have a bone disease such as arthritis or osteoporosis that may be aggravated with exercise?
- ____ ____ Past injuries: _____
- ____ ____ Past surgeries: _____
- ____ ____ Allergies: _____
- ____ ____ List all medications: _____

Purchased	\$	Employee	Date

Liability Waiver

It is understood that the use of the facilities and/or the participation in sports activities at the Greensboro Sportsplex may involve the risk of serious injury or death. I expressly agree that all such activities and/or the use of the facilities shall be undertaken at my own risk. I represent that I am/or my minor child is physically able to undertake all physical activities and sporting venue provided by the Greensboro Sportsplex. I hereby, forever RELEASE, waive and discharge Greensboro Sportsplex, its affiliates, officers, directors, servants, agents, employees, coaches, volunteers and contracted program directors on behalf of myself, my heirs, executors, administrators, and personal representatives from any and all claims, demands, injuries, actions, active or passive negligence or other causes or actions whatsoever arising out of or connected with the use of any of the services or facilities provided by the Greensboro Sportsplex. The Greensboro Sportsplex shall not be liable for any such claims. Participant's parent, participant's legal guardian, or I hereby consent and affirm the foregoing LIABILITY WAIVER on behalf of participant, participant's family and all other parties as stated. By affirming and consenting to the liability waiver of risk agreement, it is my intention that terms of the document by and through my consent are as effective as if the participant were an adult rather than a minor. I authorize the Greensboro Sportsplex employees to take the necessary steps regarding medical attention (i.e. first aid, calling ambulance service or transportation to be admitted to the hospital) and will allow authorized hospital facility and staff to treat me or my child for any illness or injury he/she has. I furthermore acknowledge that the Greensboro Sportsplex will at times be taking photographs to be used in advertising and marketing materials and hereby release all such photos to be used for self promotion of the Greensboro Sportsplex at the will of the Greensboro Sportsplex.

Print Name

Sign Name