



PLAYER CONTRACT / REGISTRATION FORM

Waiver of Liability & Blood Borne Statement

PLAYERS FULL NAME: _____

DATE OF BIRTH: ____/____/____

MAILING ADDRESS: _____

TELEPHONE NUMBER: (____) _____ - _____

EMERGENCY CONTACT (NAME & NUMBER): _____
(____) _____ - _____

***** **MUST INITIAL AND READ BELOW BEFORE SIGNING** *****

If player initials below, he or she confirms their agreement to abide all of the following:

1. I understand that my participation in the Eagles Nest recreational activities is not without risk _____ (initials).
2. I am aware and understand the risks involved _____ (initials).
3. I hereby (for myself, my heirs, executors and administrators) waive and release any and all rights and claims for damages I may have against the Saginaw Chippewa Indian Tribe, it's representatives, successors, and assigns for any and all injuries by me at any activity that is sponsored by the Saginaw Chippewa Indian Tribe.

BLOOD BORNE PATHOGEN STATEMENT

In an event of all incident involving body fluids, it is the responsibility of the team manager to provide for his/her player the following information: The proper disposal, cleaning and disinfecting of any clothing, equipment, field or facility surface exposed to the potentially infectious bodily fluids.

(Print Name)

(Signature of Player)

Date

*** If participant is under the age of 18 a parent or guardians signature is required ***

SCIT Parks & Recreation
7070 E. Broadway Mt. Pleasant MI, 48858
Telephone: (989)775-4518 OR (989)775-4502
Fax: 989-775-4093
Revised 11/14/2011