

CORNERSTONE ADULT SPORTS LEAGUE REGISTRATION FORM

(Fax form to Sean Tully at 951-674-9603)

NEW or RETURNING PLAYER (circle one)

Sport (circle one): BASKETBALL FLAG FOOTBALL SOCCER

Name: _____ Email: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Refunds: Cornerstone Adult Sports Leagues will not be able to issue refunds after the season starts. Prior to start of the season refunds are available.

I certify that all information given is correct. I agree to all stipulations herein and to abide by the rules and regulations of the Cornerstone Adult Sports Leagues.

Signature: _____ Date: _____

Registration Fee: _____ Please Note – a transaction fee will be added to Credit Card Orders TOTAL DUE: _____

Paid By: Credit Card / Cash / Check (Check No. _____)

Credit Card #: _____ Exp. Date: _____

Name on Card: _____ Signature: _____

IMPORTANT – I, the above named player, agree to the following:

(1) To abide by the rules of Cornerstone Adult Sports Leagues (CASL hereafter), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with any kind of sport and in consideration for CASL accepting the registrant for its sports programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify CASL, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. (2) To authorize my child's school to verify the date of birth of my child from school records to a CASL authorized representative for the limited purpose of CASL player age verification. (3) To hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent. (4) To hereby give my consent to CASL to take photographs, video recordings, and/or sound recordings of the above named player in documenting the activities of CASL programs. I grant CASL permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for CASL educational and promotional purposes in manuals, on flyers, on the World Wide Web, or in other publications. As a parent or legal guardian of the above named player, I understand that the registrant's name will be added to the Association's mailing list.

I certify that all information given is correct. I agree to all stipulations herein and to abide by the rules and regulations of the Cornerstone Adult Sports Leagues.

Signature _____ Date: _____