



Hot Shots Indoor Sports Arena 2017 Spring Draft D League

Player Information: PLEASE PRINT

Player name: First _____ Last _____

Age: _____

Phone: _____

Primary Email (Mandatory): _____

INTENDING TO BE LEGALLY BOUND, HEREBY, I/we agree to INDEMNIFY AND HOLD HARMLESS, the Hot Shots Indoor Sports Arena, the owners and lessees of premises used to conduct the event and each of them, their officers and employees, the promoters, other participants, operators, officials, advertisers, any persons in the event area, their agents, successors and legal representatives, against any loss from any and all claims, demands, and actions at law/or in equity incur due to the presence of the undersigned in or upon the event area or in any way competing, officiating, observing, or working for, or for any purpose participating in the event, whether caused by negligence of the releasees or otherwise that may hereafter at any time be brought by myself/ourselves, my/our child, or anyone on his/her behalf; for the purpose of enforcing a claim for the damages because of any injury (including death) or property damages sustained by myself/ourselves or my/our child as a result of, or in any way related to his/her participation in any Hot Shots Indoor Sports Arena events.

This document shall remain in full force and effect from the date of its execution and continue indefinitely until revoked in writing by the undersigned. Any revocation of this document must be directed to the facility either by personal delivery or by certified mail, and the revocation shall not be effective until received.

The undersigned with the intent of being legally bound hereby executes his/her hand.

Signature of Participant: _____ Date __/__/____

Payment Information:

Fee: \$120 Per Players (includes Jersey)

Start: June 12th

Evals: June 5th 8:00pm

Time: 8:00PM – 10:00PM

Includes 1 practice per week

NO REFUND POLICY: All payments made to Hot Shots Indoor Sports Arena are non-refundable unless a league is cancelled by Hot Shots due to insufficient participation. A \$25 fee will be charged for a returned check.

Please circle card type: Exp: _____



Amount: _____

Credit Card #:

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Cardholder

Signature: _____

Check # _____ Cash: _____

Cash or Check Amount: _____

All checks should be made payable to Hot Shots