

# SPRING FOXBORO SPORTS CENTER HIGH SCHOOL LEAGUE 2018

Open to all High School Players  
Grade 9-12 in  
September 2018



**NO CHECKING**

8 Games plus Final

Sunday evening  
games

League play  
April 22-June 10, 2018



3 Minute warm-up

**3-17 Minute run time periods**

**Team Cost \$3000.00**

Individual Cost \$200.00

\* Individual players are not guaranteed a spot.  
We will do our best to place everyone but space is limited.

**Team Jersey included**

Please contact John Gurskis with any questions at  
508-698-0505 x 211

or

Jgurskis@foxborosportscenter.com

Foxborosportscenter.com

**Foxboro Sports Center Registration Form 2018 High School Spring League**

Team Name: \_\_\_\_\_

Skater/Player Name: \_\_\_\_\_ DOB \_\_\_\_\_

Present Grade : \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State & Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

**Waiver:** In consideration of my participation in any Foxboro Sports Center, LLC Program, I acknowledge that I understand the nature of the activity and that I and/or my child, am qualified, in good health and in proper physical condition to participate in such activity. I acknowledge that if conditions are unsafe, I and/or my child will immediately discontinue participation of the activity. I fully understand that skating involves risks of serious bodily injury, including permanent disability, paralysis and death and that these and other risks may be caused by my own actions or inactions, and/or by others participating in the event, the conditions in which the event takes place, or the negligence of the Releases name below and that there may be other risks either not known to me or not foreseen at this time and I fully accept and assume all such risks and all responsibility for losses, costs and damages I incur as a result of my participation in the activity. I hereby release, discharge and covenant not to sue Foxboro Sports Center, LLC, their administrators, directors agents, officers, volunteers and employee, (each considered on of the Releases herein) for all liability, claims, demands on my account caused by or allege to be caused in whole or in part by the negligence of the Releases. This release waiver of liability and express assumption of risk agreement does not apply to any liability, claim demands, losses, or damages arising out of the gross negligence of, or willful wanton misconduct of Releases. If I, or anyone on my and/or child's behalf, make a claim I agree I will indemnify, defend, save and hold harmless each of the Released for any loss, liability, damage or cost which maybe incurred as the result of such claim. I acknowledge that I have read this release, waiver, of liability and express assumption of risk agreement and fully understand it. I also accept all financial responsibility for the contracted sessions.

Parent/Guardian Signature Date \_\_\_\_\_

All applications must be received by April 2, 2018. Please make all checks payable to  
Foxboro Sports Center  
10 East Belcher Road  
Foxboro, MA 02035

Payment Received \_\_\_\_\_ Amount : \_\_\_\_\_ Check # \_\_\_\_\_ CC Approval Code: \_\_\_\_\_