

SPRING FOXBORO SPORTS CENTER HIGH SCHOOL LEAGUE 2019

Open to all High School Players
Grade 9-12 in
September 2019



NO CHECKING

8 Games plus Final

Sunday evening
games

League play
April 28-June 16, 2019



3 Minute warm-up

3-17 Minute run time periods

Team Jersey included

Individual Cost \$225.00

*** All Players must register as an individual ***
To register with a specific team be sure to fill in
team name

All teams must carry a minimum of 15 skaters and
1 goalie

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

or
Jgurskis@foxborosportscenter.com
Foxyborosportscenter.com

Foxboro Sports Center Registration Form 2019 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 8, 2019. Please make all checks payable to
Foxboro Sports Center
10 East Belcher Road
Foxboro, MA 02035

Payment Received _____ Amount : _____ Check # _____ CC Approval Code: _____