

Force Volleyball Club at Plano Sports - Player Registration Form



6500 Preston Meadow Drive Plano, TX 75024
 Phone: 214/505-8255 Fax: 972/208-3801
 Website: www.DallasForce.com
 MySAM Log-in: <https://secure.sports-it.com/mysam/?cid=psa>
 E-mail: forrest@dallasforce.com



Date: _____

Please complete this form to enroll for FORCE Volleyball Club Activities on-site or at-the-door. This will allow us to establish a MySAM account for your family. The system will send you an e-mail to the PRIMARY e-mail address below for account verification. You will then be prompted to set a password for your account.

PLAYERS INFORMATION <i>Please Print Clearly and Complete All Information</i>			
Last Name	First Name	Date of Birth	Grade/School
Last Name	First Name	Date of Birth	Grade/School
Last Name	First Name	Date of Birth	Grade/School
Last Name	First Name	Date of Birth	Grade/School

ADDITIONAL CONTACT INFORMATION <i>Please Print Clearly and Complete All Information</i>			
Parent Contact Information			
1st Parent Last Name		First Name	
Address		City	Zip Code
Home Phone		Cell Phone	
Parent Date of Birth	Parent Gender	Emergency Phone	
2nd Parent Last Name		First Name	
Parent Date of Birth	Parent Gender		

EMAIL ADDRESS - Please Print Clearly and Complete all Information Including .net .com .org .edu etc	
1st parent email address - PRIMARY	2nd parent email address

PAYMENT INFORMATION		
<input type="checkbox"/> Cash	<input type="checkbox"/> Check #	Driver's License #/State
Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> Amex		
Credit Card Number		Exp Date /
Name of Card Holder		CVV#

PARTICIPANTS IN PSA SPORTS/ACTIVITIES UNDERSTAND AND ASSUME THE RISK ASSOCIATED WITH THEIR SPORT/ACTIVITY, THEREFORE, I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS PSA FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES CAUSED BY OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF PSA OR OTHERWISE AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I OR ANYONE ELSE MAKE A CLAIM AGAINST PSA I WILL INDEMNIFY, SAVE AND HOLD HARMLESS PSA FROM ANY ATTORNEY FEES, LOSS, LIABILITY, DAMAGE OR COST ANYONE MAY INCUR AS A RESULT OF SUCH CLAIM. ALL PHOTOGRAPHS TAKEN IN THE COURSE OF A SPORTING EVENT MAY BE USED FOR PSA PROMOTIONAL MATERIALS. I GIVE PSA THE USE OF EMAIL ADDRESSES COLLECTED FOR PSA PROMOTION ONLY.

(Parent or Guardian Signature)	(Please Print Name)	Date
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