

YOUTH FIELD DAY 2025- PRE REGISTRATION-FORM

Sponsored By: Clairton Sportsmen's Club
Hosted By: Clairton Sportsmen's Club

SATURDAY, JULY 26, 2025

Registration: 7:00 am – 8:30 am
Program: 8:30 am – 4:30 pm

Pre-Registration is required by July 15, 2025

- Parent or guardian must accompany participants
- Participants will be place on one of several squads.
(If there are multiples, please sign up together. **NO changes will be made once added**).

PLEASE PRINT CLEARLY
ALL INFORMATION IS REQUIRED

Participant's Name: _____

Participant's Age: _____ Number of Adults Attending: _____

Participant's Phone Number: _____

Participant's Email Address _____

Name of individual(s) or Group you wish to be paired with (if applicable) _____

*** No Team Substitutions or Changes will be made after the July 15 deadline ***

Please complete both sides of this form and Email to:
lorimsteinert55@gmail.com (preferred)

Forms can also be dropped off at the CLUBHOUSE during open
KITCHEN HOURS.

You **WILL** receive a confirmation by Email (**IF YOU DO NOT RECEIVE A CONFIRMATION, IT IS YOUR RESPONSIBILITY TO CONTACT US. No exceptions will be made!!**)

Have Questions? Call Lori Steinert @ 412-913-4387 (if no answer, please leave message)

RELEASE FROM LIABILITY AGREEMENT

To: Clairton Sportsmen's Club, Inc. (**Activity**)

In consideration of _____ (**Minor**) being permitted to participate in the **Activity** , the undersigned does hereby on behalf of myself, my heirs, executors, administrators and assigns does hereby:

1. State that the undersigned is the parent or guardian of the **Minor** and that the undersigned understands that certain of the events to be conducted during the **Activity** require physical exertion and that the **Minor** is physically fit to participate in such events and give permission to the **Minor** to participate in **Activity** .
2. Assumes all risk of the **Minor** participating in the **Activity**
3. Acknowledges and understands that the **sponsors** nor any other sponsors of the **Activity** carry or maintain health, medical or disability insurance coverage for the **Minor** and that the undersigned assumes all responsibility for maintaining such coverage if same is desired by **Minor** and that the undersigned assumes all responsibility for maintaining such coverage if same is desired by the undersigned for the **minor** .
4. Consents to have any staff, employees, agents or representatives of the **sponsor** or any other sponsor of the **Activity** administer such emergency medical care to the **Minor** as deemed appropriate under the circumstances.
5. Indemnifies and saves harmless the **sponsor**, all other sponsors of the **Activity** , and all member organizations of the sponsor, and their respective members, employees, officers, directors, shareholders, affiliates, agents, representatives, successors and assigns from and against any and all liability incurred by any of them arising as a result of or emanating from the **Minor's** participation in the **Activity** .
6. Release and forever discharge the **Sponsor** , all other sponsors of the **Activity** and all member organization of the **sponsor** , and their respective members, employees, officers, directors, shareholders, affiliates, agents, representatives, successors and assigns of and from all claims, demands, damages, costs, actions and causes of action in respect to death, injury, property or other damages arising or to arise by reason of **Minor's** participation in **Activity**.
7. Agree that in the event that any provision of this Release is held to be invalid by a Court of Competent jurisdiction such invalid provision will not affect the remaining provisions, of this Release, which shall continue to be enforceable.
8. Consent to use of any photographs, motion pictures, digital or other recordings made of the **Minor's** participation in the **Activity** for any legitimate purpose and without further consideration.

This release shall be governed by the laws of the Commonwealth of Pennsylvania.

I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE WITH THE PROVISIONS SET FORTH ABOVE AND INTENDING TO BE LEGALLY BOUND HEREBY I HAVE SIGNED THIS RELEASE ON THE

_____, DAY OF _____, 2025
Parent or Guardian Name – Print

Signature

Street Address

City, State, Zip Code Phone: _____

Email Address (PLEASE PRINT CLEARLY)