



PLAYER APPLICATION AND RELEASE FORM

Full Name: _____ Date of Birth (mm/dd/yy): _____

Mailing Address: _____

City: _____ Zip: _____

Phone Number: _____ Alternate Phone: _____

E-mail address is: * _____

*E-mail addresses are for league use only.

Emergency Contact Name: _____ Phone Number: _____

I am registering as a: Captain Co-Captain Regular Player Substitute

Team Name: _____

Do you want league standings e-mailed to you? Yes No

Do you want to be notified of league news via e-mail? Yes No

Do you want league standings mailed (via USPS) to you (\$10 fee for non team captains)? Yes No

If you were referred to GHPBL by a league member, please provide the name: _____

APPLICATION AND RELEASE AGREEMENT

I affirm that I am applying for membership in the Greater Houston Pocket Billiard League (GHPBL). I agree to abide by all Rules, Policies and Procedures, and By-Laws adopted by the GHPBL and that all the information provided on this application is true and correct.

In consideration for my participation in the GHPBL and events associated therewith, I hereby agree to release, indemnify, protect, defend and hold harmless GHPBL and its Committee Directors, Trustees, Agents, Employees and Volunteers from all claims, demands, suits, losses, expenses and liabilities arising from any injuries or damages sustained by me as a result of such participation in the GHPBL or as a result of my personal actions while engaged in any league sponsored event or affair.

I have read and fully understand the foregoing release of claims and assumption of risk agreements and have voluntarily signed it.

SIGNATURE: _____ DATED: _____

SPACE RESERVED BELOW FOR SECRETARY / TREASURER USE

Team No. _____ Player No. _____ Registration Fee Amount Paid: _____

Postal Fee Paid: _____ Received By: _____