



# Teen Takeover Night Participation Form

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

Address: \_\_\_\_\_

Phone number:

    Youth: \_\_\_\_\_

    Parent(s) or guardian: \_\_\_\_\_

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

Health card #: \_\_\_\_\_

By signing this form, I agree to adhere to the rules and policies of the Zatzman Sportsplex. I understand that my Teen Takeover privileges, as well as my participation at the Zatzman Sportsplex, may be terminated if I do not adhere to Zatzman Sportsplex rules and policies.

Signature: \_\_\_\_\_