

CROSSFIRE

REGISTRATION FORM

I would like to play / watch (*please delete the appropriate verb*) at the event indicated below. I have read and understood Crossfire's Safety Rules, and Gameplay Rules; and agree to abide by them, and use all the safety equipment provided. I am fully aware that I will, in all likelihood, get hit by paintballs; and that paintballs can sting and leave a bruise. I confirm that I participate at my own risk, and that my date of birth below is true.

Name Event

Date of birth Age on day of event.....

Email Phone

Signature Date.....

ALL CAPITALS, PLEASE!

If aged 16 or under, on the day of the event, your parent or guardian must also sign, below

I am responsible for the person named above. I have read and understood Crossfire's Safety Rules, and ensured that he/she has also read and understood them.

I also confirm that they participate at their own risk

Name Relationship to person above

Signature Date

Since Crossfire is subsidised by national grant funding, it would help to keep down our charges if you would kindly indicate your ethnic/cultural origin (*tick one only*). Thank you

<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	African	<input type="checkbox"/>	Asian and White	<input type="checkbox"/>	Irish
<input type="checkbox"/>	Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Black African and White	<input type="checkbox"/>	European
<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Other Black (please state)	<input type="checkbox"/>	Black Caribbean and White	<input type="checkbox"/>	Other White (please state)
<input type="checkbox"/>	Other Asian (please state)	<input type="checkbox"/>	White British	<input type="checkbox"/>	Other Dual Ethnicity (please state)	<input type="checkbox"/>	Gypsies & Travellers

PLEASE PRINT OUT THIS FORM, AND BRING IT WITH YOU

No form, no play... 🎯