



# SUMMER CAMP REGISTRATION FORM

Player Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Parents / Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

## PLEASE INDICATE SPORTS PARTICIPANT IS INTERESTED:

Age \_\_\_\_\_  WEEK 1  WEEK 2  WEEK 3  WEEK 4

Flag Football  Roller Hockey  Dek Hockey  Soccer

GaGa Ball  Dodgeball  Lacrosse  Kick Ball

SPECIAL REQUESTS \_\_\_\_\_

### RELEASE OF LIABILITY AGREEMENT AND REGISTRATION

I am aware that participating in ANY SPORT i.e.: roller/dek hockey, soccer, lacrosse, dodgeball, volleyball or practice etc., may involve dangers and risks including, but not limited to, the danger and risk of collision with other participants or man made objects (i.e.: Pucks, Balls, Boards, Floor), and the risk of serious injury, and /or death and /or property damage. I freely accept and fully assume all such dangers and risks. In consideration of The Sports Arena, the league managers, sponsors, court owners, landlords, their directors, officers, employees, agents, representatives, and any volunteers associated with ANY SPORT program at The Sports Arena, hereinafter referred to as "Releasee", permitting my participation in ANY SPORT program, I further agree as follows:

- Abide by all rules and procedures of The Sports Arena.
- To waive and all claims that I may have against the Releasee
- To release the Releasee from any and all liability for any loss, damage, injury or expense that I may suffer or that my next of kin may suffer as a result of my participation in the program due to any cause whatsoever, including any negligence for the Releasee or otherwise.
- To hold harmless and indemnify the Releasee from any and all liability for any property damage for personal injury to any third party, resulting from my participation in the program.
- That this release of liability shall be effective and binding upon my heirs, next of kin, executors, administrators, and assigns in the event of the participant's death.
- I warrant that I am in good physical health and I have no physical condition that may affect my performance or my ability to play the sport, or that may create a greater risk of injury. I have read and understand this release of liability prior to signing it, and I am aware that my signing this release of liability, that I am waiving certain legal rights which I or my heir, executors, administrators and assigns may have against the Releasee.

(Applicant is under 18, the parent or legal guardian must agree to execute the following, in addition to the above). I am the parent or legal guardian of the above participant and I agree to execute this release of liability on behalf of the participant. I acknowledge the risks and dangers associated with the ANY SPORT i.e.: roller/dek hockey, soccer, lacrosse, volleyball or practice etc. and VOLUNTARILY accept and assume liability and the possibility of injury, damage, death or loss resulting therefrom on behalf of the participant.

I waive any and all claims and agree to release, hold harmless and indemnify Releasee as enumerated above on behalf of participant.

Parents Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

## PAYMENT INFORMATION

*Please mail registration & payment to 620 Middle country Rd, St. James, NY, 11780*

*All checks should be made payable to The Sports Arena*

Payment Amount: \$ \_\_\_\_\_ (please view webpage of the sport you have chosen for pricing)

Check                      Visa                      Mastercard                      American Express                      Discover

Credit Card # \_\_\_\_\_ Expiry \_\_\_\_/\_\_\_\_/\_\_\_\_ Security Code \_\_\_\_\_

Cardholders' Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\* **IMPORTANT** \*\*\*\*\* All players / participants are required to complete & sign a liability waiver form. This form is available on

