

TAB RAMOS SPORTS CENTER

17 Blair Road
Aberdeen, NJ 07747
732-290-0003
732-290-7767 (fax)

www.TabRamosSportsCenter.com

Team Registration form (Circle Sport) Men's Open, Women's Open, & Over 35 Soccer,
Tournament, Roller Hockey, Flag football, Field
Hockey, Basketball, Dodgeball, Kickball, Lacrosse

Team Name: _____ Sport _____

Contact Person: _____

Email address: _____

Address: _____

Telephone No: _____ Cell: _____

Payment: _____ Method: Check _____ Cash _____ CC _____

Credit Card No. _____ Expiration Date: _____

MC VISA AMEX DISCOVER (Circle one)

Name on Card: _____

I authorize payment on the above card in the amount noted. Dated: _____

Signature: _____

Understanding: I acknowledge that at the Tab Ramos Sports Center, I/my team will participate in activities that may involve, among other things, physical contact with other persons or objects, including the ground and may incur a risk of injury. I specifically waive, give up and release Tab Ramos Sports Center and its Staff, from liability for any claim for damages which I/my team may have relating to injuries or illness that I/they may sustain. I signing this waiver I certify that I/my team is in good health, with no chronic illness or abnormal tendencies. In the event of any emergency in which I/my team require medical care, I authorize Tab Ramos Sports Center to act for me and obtain whatever medical care. I authorize Tab Ramos Sports Center to act for me and obtain whatever medical, surgical or dental examination, diagnosis and/or treatment is deemed necessary. Tab Ramos Sports Center is not responsible for any personal belongings which are lost, stolen or damaged. Tab Ramos Sports Center reserves the right to drop any team that is not paid in full by the third game and also reserves the right to change any schedule or date. I/my team agrees to follow all rules and regulations of Tab Ramos Sports Center.

I have read and agree to all the rules and understanding:

Signature _____

Print Name: _____