

You may register by mail but you must call ahead for availability. (732-290-0003)

GENERAL YOUTH REGISTRATION-UNDERSTANDING /WAIVER FORM:

I, the undersigned, acknowledge that my son/daughter will participate in activities that may involve, among other things, physical contact with other persons/objects, including the ground and may include risk of injury.

I specifically waive, give up and release Tab Ramos Sports Center also known hereafter as Sports Center and its staff, from any liability for any claim of damages, which my son/daughter may sustain. In signing this waiver, I certify that my son/daughter is in good health, with no chronic illnesses or abnormal tendencies. I authorize the Sports Center act for me and obtain whatever medical, surgical, or dental examination, diagnosis and/or treatment is deemed necessary. I am also agreeing that I have made arrangements, through insurance or otherwise, for payment of medical bills which may be incurred if my child sustains any injuries while playing or participating in any activity. Accordingly, I waive all claims against the Sports Center for reimbursement of medical bills and damages sustained on account of any injury, which may occur to my son/daughter.

The Sports Center is not responsible for any personal belongs which are lost, stolen, or damaged. I agree to have all camp/clinic fees paid in full prior to the start of the activity and have read and agree to all rules and understandings.

SIGNATURE OF PARENT OR GUARDIAN

_____ Dated: _____

Name: _____ Age: _____ D/O/B _____

Email Address: _____

Address: _____ Town: _____ Zip: _____

Telephone No: _____ Emergency No. _____

Emergency Contact No: _____ Relationship _____

What activity are you registering for: _____

Start Date of activity: _____

Payment Amount: _____ (Check/Charge/Cash) (Visa/Amex/MC/Discover)

Ck no. _____

Credit Card No. _____ Expiration Date: _____

I authorize my card to be charged in the amount of _____ for the above named activity.

Signature: _____ Dated: _____