

Registration Form

Down Town Sports
7 Leighton place
Mahwah, New Jersey 07430

Phone: (201) 848-0017 Fax: (201) 848-4747

www.downtownsports.org

Registration For: **“P3” Push Past the Pain.... PRE-SEASON CLINIC \$250.00**

High School Grd 9-12 [] NOV 10 – NOV 21 Monday-Friday (7:00-8:30 pm - 10 SESSIONS)

Player Name: _____ **Player Cell Phone:** () _____ - _____

Parent Cell Number: _____ **Home Phone:** () _____ - _____

High School: _____ **City** _____ **St** _____

Grade _____ **Date of Birth** ____/____/____ **{ } Male { } Female**

Parent/Player e-mail: _____

Emergency Contact : _____ **Phone:** _____

We the undersigned, as a guest or other person who in any manner makes use of or accepts the use of any apparatus, facility, privilege or service of Down Town Sports, or who engages in any contest, game function, exercise, competition, or any other activity operated, organized, arranged or sponsored by Down Town Sports either on or off the Down Town Sports premises shall do so at our own risk and shall hold the owners and their principals, directors, officers, employees, representatives and agents harmless from any and all dues, cost, claim, injuries, damage and liability, sustained and/or resulting from any act of any principals, directors, officers, employees, representatives or agents of owner. Being the parent or legal guardian of the above mentioned player I do hereby certify that my child is in good health and may participate in all camp activities. I hereby appoint the directors of the Down Town Sports Company to act on my behalf in authorizing any medical attention needed.

Parent or Legal Guardian Signature

Emergency Phone Number