



NEW JERSEY
STALLIONS
 ACADEMY



MAIL-IN REGISTRATION FORM

**NJ STALLIONS BOYS 2011-2012
 10-WEEK SPRING TRAINING CLINIC
 U7 & U8 BOYS AGE GROUP**



CLINIC FEE: \$225.00

THURSDAYS 5:30-6:30pm (new time!)

MARCH 28th thru MAY 30th

INDOOR VENUE - STALLIONS ARENA
5 Penobscot Street, Clifton New Jersey

FOR MAIL REGISTRATION: PRINT THIS FLYER, COMPLETE & SIGN, MAKE CHECK PAYABLE TO "NJ STALLIONS ACADEMY", MAIL FORM & CHECK TO:

NJ STALLIONS ACADEMY, 5 PENOBSCOT ST, CLIFTON NJ 07013 Attn: Rich Gentile

PLAYER'S FULL NAME: _____ . PLAYER BIRTH YEAR: _____ .

PLAYER T-SHIRT SIZE (check one) YS __, YM __, YL __.

HOME ADDRESS: _____ .

EMAIL ADDRESS: _____ .

PARENT/ GUARDIAN NAME: _____ .

PARENT/GUARDIAN CELL#: _____ .

I, _____ confirm that my child is of good health and free of any medical condition that would prohibit him/her from participation in the camp. I assume all risks incidental to my child's participation in the NJ Stallions Clinic and absolve and indemnify the Stallions Arena venue, its staff, the NJ Stallions coaching staff, and ownership from any claims made against them. **Parent/Guardian Signature:** _____ . **Date:** _____ .