



NEW JERSEY
STALLIONS
 ACADEMY



REGISTRATION WAIVER FORM

**ADVANCED BALL MASTERY CLINIC
 BOYS & GIRLS BORN 2007-2012**

8 WEEKS - SEPT 9th-OCT 28th

MONDAYS 6:30-7:30pm

FEE: \$250.00 (MUST BE PAID ONLINE)



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

REGISTRATION WAIVER: PRINT THIS FLYER, COMPLETE & SIGN, IF PAYING ONLINE, BRING FORM TO THE FIRST DAY OF CLINIC. PLAYERS WITHOUT WAIVER WILL NOT BE ALLOWED TO PARTICIPATE. IF PAYING BY CHECK, MAIL WAIVER & CHECK FOR \$250.00 MADE OUT TO NJ STALLIONS ACADEMY TO THIS ADDRESS: **NJ STALLIONS ARENA, 5 PENOBSCOT ST, CLIFTON NJ 07013**

PLAYER'S FULL NAME: _____ . PLAYER AGE: _____. GENDER: M __, F __.

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 Camp 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:** _____.