

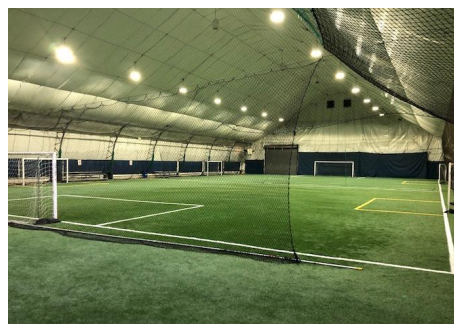


NEW JERSEY
STALLIONS
ACADEMY



MAIL-IN REGISTRATION FORM

**NJ STALLIONS SUMMER CAMP 2019
BOYS & GIRLS BORN 2004-2013**



INDOOR VENUE - STALLIONS ARENA

5 Penobscot Street, Clifton New Jersey

ONE WEEK: \$200.00 | TWO WEEKS: \$350.00

WEEK 1 - JULY 8th-12th | WEEK 2 - JULY 15th-19th

Mon-Fri 9:00am-12:00pm

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 AGE: ____ . GENDER: M __, F __ .

WEEK 1: __, **WEEK 2:** __, **BOTH WEEKS:** __ .

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

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:** _____ .