



REGISTRATION FORM

Program Title: _____	Day & Time: _____
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Child's Full Name: _____ Male Female

Grade as of Sept. 2011: _____ Birth Date: _____ School: _____

Home Address: _____ Zip Code _____

Home Telephone: _____ Email _____

Parent #1 _____ Bus Phone _____ Cell Phone _____

Parent #2 _____ Bus Phone _____ Cell Phone _____

Emergency Contact (other than parents) _____ Phone: _____

List any Allergies or other special concerns: _____

PAYMENT: Amount \$ _____ Visa MasterCard American Express Check to Simply Sports

Credit Card # _____ **Exp. Date:** _____

Name on Card: _____ **CVS Security Code:** _____

Billing Address (check here if billing address is same as home) If different: _____

League Play Only - You may request **ONE** friend for your child's team but we do not make any guarantees and requests must be received in writing by both parties to be eligible for consideration: _____

Contact Information: For more information, please contact Jeffrey Bernstein at jeff@simplysports.net or call us at (877) 213-2255. Fax both pages of the form to (212) 879-4069. If paying by check, mail your completed forms and check to Simply Sports, 370 East 76th Street, Suite B1403, New York, NY 10021.

WAIVER OF LIABILITY

Permission for Participation. My child is permitted to fully participate in the voluntary, recreational, athletic and extra-curricular activities sponsored by Simply Sports (the "Program").

Permission for Transportation. I permit my child to be transported to and from the Program in any manner, including transportation by car or 15 passenger van driven by an employee of Simply Sports.

Release from Liability. In consideration of permission to use, today and on all future dates, the property, facilities, staff, equipment and services of Simply Sports, I, for myself, my children, spouse, heirs, agents, personal representatives and assigns, hereby release, waive and forever discharge Simply Sports, its directors, officers, employees, volunteers, and agents, from liability from any and all claims, demands, damages, actions and causes of action, pertaining to or arising out of my child's participation in the Program, including but not limited to, claims for negligence resulting in personal injury or accidents (including death), breach of contract, or breach of warranty arising from participation in the Program, observation and use of facilities or equipment and transportation to or from a Program.

Covenant Not To Sue: I understand that, as a result of my executing this release, I am forever barred from suing Simply Sports, its officers and its employees, as a result of my child's participation in the Program.

Assumption of Risks: Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Simply Sports uses facilities for and provides for activities such as running and sporting activities. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, and others involve sustained physical activity which places stress on the cardiovascular system. The specific risks vary from one activity to another, but the risks range from minor injuries such as scratches, bruises and sprains, to major or catastrophic injuries such as eye injury or loss of sight, joint or back injuries, concussions, heart attacks, paralysis and death. I have read the previous paragraphs and I know and understand and appreciate these and other risks that are inherent in the Program. I hereby assert that my child's participation is voluntary and I knowingly assume all risks.

I acknowledge that my child must strictly adhere to all rules and instructions during the Program. To the best of my knowledge, my child is in good health and has no disability or condition that renders his/her participation in the Program medically inadvisable, or otherwise limits his/her ability to participate. In an emergency, Simply Sports or its designees will attempt to reach me (my emergency contact) as soon as possible but I understand that Simply Sports will use its best judgment should it not be possible to contact me. I permit any physician selected by Simply Sports or its designee to hospitalize, secure treatment for and to order injections, anesthesia or surgery for my child. I also permit Simply Sports or its designees to transport my child to the hospital or medical/dental office if needed.

Photo Release. I consent to the use of photographs taken by Simply Sports, or its agents, of my children or me to be used for editorial or promotional uses and waive all rights which may arise as a result.

Authorization: BY SIGNING AND DATING BELOW, I ACKNOWLEDGE I HAVE READ AND I ACCEPT ALL ENROLLMENT CONDITIONS AND POLICIES STATED ABOVE AND AS SET FORTH ON WWW.SIMPLYSPORTS.NET, INCLUDING THE RELEASE FROM LIABILITY, COVENANT NOT TO SUE AND REFUND POLICY AND THAT I AM SIGNING FREELY AND VOLUNTARILY AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. I understand that if any portion of this Agreement is deemed to be ineffective, the remaining provisions shall continue to be effective.

Child's Name _____

Parent/Guardian Print Name: _____ Relationship: _____

Signature: _____ Date: _____

Duration of Authorization: : **(CHECK HERE** if you do not want Simply Sports to keep your authorization on file for all programs that your child participates in during the next 12 months). IF YOU DO NOT CHECK THIS BOX, ALL TERMS OF THIS AUTHORIZATION, INCLUDING THE RELEASE FROM LIABILITY, REMAIN IN FULL FORCE AND EFFECT FOR ALL ACTIVITIES IN WHICH YOUR CHILD PARTICIPATES.