

On the Court Basketball X-perience™ Warren Central Elementary School

Parent Name	e:	Changered by	
Play	er 1 Name:	Sponsored by:	
Grad	de: Teacher:		
Play	er 2 Name:	CENTRAL	
Grad	de: Teacher:	ELEMENTARY	
Address:		PTO Fundraiser	
Stre	et:		
City	:	Grades: 1 to 5 th	
	State: Zip:	Day: Thursdays (8 weeks)	
	Date: Apr 11 th thru May 30 th		
E-mail:		Time: 3:30PM - 4:30PM	
Telephone (H):		Cost: \$205 player	
Emergency Cell:		Central Elementary School	
Mail to:	Wendy Manaskie On The Court, LLC. 1306 Pinhorn Drive Bridgewater, NJ 08807	109 Mt Bethel Road Warren, NJ 07059	

Please include a check made out to, "On The Court, LLC", for \$205 per child.

Check Amount: \$_____

Check #:

ADVISORY: Please be sure that your child has appropriate indoor sports clothing and sneakers. If your child normally wears any protective gear such as a mouth guard or sports glasses to play sports, please make them available for their use during the activity.

WAIVER AND RELEASE: I understand that any child who does not abide by the rules and regulations promulgated by the program is subject to dismissal without reimbursement or recourse.

LIABILITY WAIVER: I hereby authorize On The Court, LLC. (OTC) to act for me according to his/her best judgment in any emergency requiring medical attention. I hereby release, discharge and indemnify OTC Staff, affiliated entities and their officers, agents and employees from and against any and all liability or causes of actions arising out of, or in connection with my and/or my child's participation in any program by OTC.

I further acknowledge that On The Court, LLC. has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I voluntarily seek that my child attends basketball clinics provided by On The Court. LLC. and acknowledge that OTC is not responsible for the spread of COVID -19.

PARENT'S SIGNATURE: _____

DATE: _____

www.on-the-court.net Real basketball for everyone...