

On the Court Basketball X-perience™ Mt. Horeb School

On The Court, LLC Phone: (908) 334-5075 Fax: (800) 853-6810

wendy@on-the-court.net Parent Name: _____ Sponsored by: Player 1 - Name: Grade:_____ Teacher: _____ Player 2 - Name: ____ Grade:_____ Teacher:____ Mr. Horeb PTO Address: City: _____ **PTO Fundraiser** State: _____ Zip:_____ **Winter Session Grades:** 1st to 5th Telephone (H): _____ Day: Wednesdays (8 weeks) Emergency Cell: _____ **Dates:** Jan 18th to Mar 8th Mail to: Wendy Manaskie On The Court, LLC. Time: 3:30PM - 4:30PM ** 1306 Pinhorn Drive Cost: \$195/player Bridgewater, NJ 08807 Mt. Horeb School Please include a check made out to, "On The Court, LLC", for \$195 per child. 80 Mt. Horeb Road Warren, NJ 07059 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.

PARENT'S SIGNATURE:	
DATE:	