



On the Court Basketball X-perience™
Warren Outdoor – Extended Session

On The Court, LLC
Phone: (908) 334-5075
wendy@on-the-court.net

Parent Name: _____ Phone#: _____

E-mail: _____ Emergency Cell: _____

Player 1:

Name: _____

School: _____

Grade: _____

Player 2:

Name: _____

School: _____

Grade: _____

Please include a check made out to, "On The Court, LLC", for \$135 per child.

Check Amount: \$_____ Check #: _____

Time: 3:30PM – 4:30PM **Grades:** 7th to 8th
Cost: \$135/player Wednesdays
Oct 23
Nov 4, 11, 18

Mail to: Wendy Manaskie
On The Court, LLC.
1306 Pinhorn Drive
Bridgewater, NJ 08807

OTC programs are designed to give each student a real basketball experience. Students will be grouped by age and skill level for most activities. Our programs are gender mixed. As such, boys and girls will be participating together in basketball drills and competitions, which sometimes involve vigorous physical activity.

ADVISORY: Please be sure that your child has appropriate outdoor 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/children attending this basketball program provided by On The Court, LLC. and acknowledge that they are not responsible for the spread of COVID -19.

I understand that the risk of becoming exposed to or infected by these PANDEMIC ILLNESSES at an OTC program may result from the actions, omissions or negligence of myself and others, including, but not limited to the OTC Staff, Warren Township's officials; and other participants/attendees of the program and their families.

By signing this WAIVER, I do further acknowledge the contagious nature of these COVID-19 PANDEMIC ILLNESSES, and that an inherent and heightened risk of danger to infection and exposure to them exists for all program participants, persons and other participants attending any OTC basketball program at this time. I acknowledge and agree to voluntarily assume all risks that I, the PROGRAM PARTICIPANT(S), and our other family member(s) may be exposed to or infected by them by attending or participating in any OTC program.

PARENT SIGNATURE: _____

DATE: _____