

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: | | | Sponsored by. | |
| Gı | rade: Teacher: | | | |
| Player 2 - Na | ame: | | | |
| Gı | rade: Teacher: | | | |
| Address: | | | Mr Horeb PTO | |
| Street | :: | | | |
| City: | | | | |
| State: Zip: | | | PTO Fundraiser Spring Session | |
| E-mail: | | | | |
| Telephone (H) |): | Grades: | | |
| Emergency Cell: | | Day: | Wednesdays (8 weeks) | |
| Mail to: | Wendy Manaskie | Dates: | April 15 th to June 3 rd | |
| | On The Court, LLC. | Time: | 3:30PM - 4:30PM ** | |
| | 1306 Pinhorn Drive | Cost: | \$175/player | |
| | Bridgewater, NJ 08807 | 3331. | | |
| Please include a check made out to, "On The Court, LLC", for \$175 per child. | | Mt. Horeb School 80 Mt. Horeb Road Warren, NJ 07059 | | |
| Check Amount | t: \$ Check #: | | Waitell, NJ 07033 | |
| child normall | Please be sure that your child has appropriate indoor sp ly wears any protective gear such as a mouth guard or sp available for their use during the activity. | | | |
| | ND RELEASE: I understand that any child who does not a by the program is subject to dismissal without reimburse | | | |
| best judgme OTC Staff, at | WAIVER : I hereby authorize On The Court, LLC. (OTC) to nt in any emergency requiring medical attention. I hereby ffiliated entities and their officers, agents and employees actions arising out of, or in connection with my and/or m | y release, di from and ag | scharge and indemnify painst any and all liability | |
| PARENT'S SI | GNATURE: | | _ | |
| | DATE: | | | |