

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

On The Court, LLC Phone: (908) 334-5075 Fax: (800) 853-6810 wendy@on-the-court.net

Player 1 Name: Grade: Player 2 Name: Grade: Teacher: Player 2 Name: Street: City: State: Zip: Telephone (H): Emergency Cell: Emergency Cell: Emergency Cell: Emergency Cell: Emergency Cell: Emergency Cell: Contral Elementary School 109 Mt Bethel Road Warren, NJ 07059 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.
Grade: Teacher:
Address: Street: City: State: Zip: Telephone (H): E-mail: Telephone (H): Emergency Cell: Mail to: Wendy Manaskie On The Court, LLC. 1306 Pinhorn Drive Bridgewater, NJ 08807 Please include a check made out to, "On The Court, LLC", for \$170 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
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Address: Street:
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State: Zip: E-mail: Time: 3:40PM - 4:40PM Telephone (H): Cost: \$170 player Emergency Cell: Central Elementary School 109 Mt Bethel Road Warren, NJ 07059 Mail to: Wendy Manaskie On The Court, LLC. 1306 Pinhorn Drive Bridgewater, NJ 08807 Please include a check made out to, "On The Court, LLC", for \$170 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
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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: