



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: \_\_\_\_\_

Player 1 - Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Player 2 - Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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 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: \_\_\_\_\_

Sponsored by:



Mr Horeb PTO

### PTO Fundraiser

**Grades:** K to 5<sup>th</sup>

**Day:** Wednesdays (8 weeks)

**Dates:** Jan 30<sup>th</sup> to Mar 20<sup>th</sup>

**Time:** 3:30PM - 4:30PM \*\*

**Cost:** \$170/player

**Mt. Horeb School**  
**80 Mt. Horeb Road**  
**Warren, NJ 07059**

[www.on-the-court.net](http://www.on-the-court.net)

Real **basketball** for everyone...