| ON THE COURT | On the Court Basketball X-perience Angelo L. Tomaso School | On The Court, LLC Phone: (908) 334-5075 wendy@on-the-court.net |
|---|---|--|
| X-PERIENCE " Parent Name: | | |
| Player 1: Name: | | Shirt Size: |
| Grade: | _ Teacher | |
| Player 2: Name: | | Shirt Size: |
| Grade: | Teacher | |
| Address: | | PTO Fundraiser ALT Basketball All-Stars |
| Street: | | League |
| City: | | Grades: 4 th to 5 th |
| State: | Zip: | Day: Thursdays (5 weeks) |
| E-mail: | | Date: Sept 19 th to Oct 17 th Time: 3:00PM - 4:00PM |
| Telephone (H): | | Cost: \$160/player |
| Emergency Cell: | | Angelo L. Tomaso School |
| Mail to: Wendy Ma On The Cou 1306 Pinho Bridgewate | urt, LLC. | 46 Washington Valley Road Warren, NJ 07059 |
| Please include a check made out to, "On The Court, LLC", for \$160 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: | | |
| www.on-the-court.net | | |
| Real basketball for everyone | | |