

**You may register by mail but you must call ahead for availability.
(732-290-0003)**

GENERAL YOUTH REGISTRATION-UNDERSTANDING /WAIVER FORM:

I, the undersigned, acknowledge that my son/daughter will participate in activities that may involve, among other things, physical contact with other persons/objects, including the ground and may include risk of injury. I specifically waive, give up and release Tab Ramos Sports Center also known hereafter as Sports Center and its staff, from any liability for any claim of damages, which my son/daughter may sustain. In signing this waiver, I certify that my son/daughter is in good health, with no chronic illnesses or abnormal tendencies. I authorize the Sports Center act for me and obtain whatever medical, surgical, or dental examination, diagnosis and/or treatment is deemed necessary. I am also agreeing that I have made arrangements, through insurance or otherwise, for payment of medical bills which may be incurred if my child sustains any injuries while playing or participating in any activity. Accordingly, I waive all claims against the Sports Center for reimbursement of medical bills and damages sustained on account of any injury, which may occur to my son/daughter.

The Sports Center is not responsible for any personal belongs which are lost, stolen, or damaged. I agree to have all camp/clinic fees paid in full prior to the start of the activity and have read and agree to all rules and understandings.

SIGNATURE OF PARENT OR GUARDIAN

x _____ Dated: _____

Player Name: _____ Grade: _____ D/O/B _____

Email Address: _____

Address: _____ Town: _____ Zip: _____

Telephone No: _____ Emergency No. _____

Emergency Contact No: _____ Relationship _____

What activity are you registering for? **BOYS LACROSSE LEAGUE**

Start Date of activity: 10/30- 12/18

Include a check for \$195 made payable to Tab Ramos Sports Center please

MAIL TO:

**Tab Ramos Sports Center
17 Blair Road
Aberdeen NJ 07747
Attn: Pat Sellitto**