



## REGISTRATION FORM WINTER YOUTH SPORTS CAMPS 2010

<u>WINTER CAMPS</u> <i>(Please check)</i>	<u>Camp</u> <u>Non Member Price</u> <i>(Please circle)</i>	<u>Extended Day</u> <u>Non Member Price</u> <i>(Please circle)</i>	<u>Camp</u> <u>Member Price</u> <i>(Please circle)</i>	<u>Extended Day</u> <u>Member Price</u> <i>(Please circle)</i>	<u>TOTAL</u>
<input type="checkbox"/> Baseball	\$40	\$15	\$25	\$10	
<input type="checkbox"/> Basketball Single Day	\$40	\$15	\$25*	\$10	
<input type="checkbox"/> Basketball (3 day camp)	\$90	\$15 per day	\$80*	\$10 per day	
<input type="checkbox"/> Dance	\$40	\$15	\$25	\$10	
<input type="checkbox"/> Football	\$75	\$10	\$50	\$5	
<input type="checkbox"/> Soccer (3 day camp)	\$90	\$15 per day	\$80	\$10 per day	
<input type="checkbox"/> Speed and Agility	\$40	\$15	\$25	\$10	
<input type="checkbox"/> Tennis	\$40	\$15	\$25	\$10	
<input type="checkbox"/> Volleyball (Beginner)	\$40	\$15	\$25	\$10	
<input type="checkbox"/> Volleyball (Advanced)					
<b>Make checks payable to: Proehlfic Park</b>					<b>TOTAL</b>
*Please Note Participants in the 2010-2011 Basketball League Receive Member Pricing For Camp.					

**Player Information:**

Player Name (First/Last): \_\_\_\_\_ Gender: M/F      Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Parent/Guardian's Names: \_\_\_\_\_ Preferred Contact #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Emergency Contact Name and Phone # (besides parents listed above): \_\_\_\_\_

Does your child have any allergies? Yes/ No

If Yes Please Explain (does it require an epi-pin?): \_\_\_\_\_

Does your child take any medications? Yes/No

If Yes Please Explain (please note that we are not allowed to administer ANY medication) \_\_\_\_\_

Are there any restrictions or additional information about your child that we should be aware of while playing in a Proehlfic Park Camp? Y/N

Please Explain: \_\_\_\_\_

**Waiver of Liability**

It is understood that the use of the facilities and or the participation in sports activities at Proehlfic Park may involve the risk of serious injury or death. I expressly agree that all such activities and or the use of the facilities shall be undertaken at my own risk. I represent that I am or my minor child is physically able to undertake all physical activities provided by Proehlfic Park. In consideration of above minor participant being permitted to participate in Proehlfic Park and in activities at the park, the undersigned parent(s) or guardian, on behalf of the parent, parent's heirs, parent's personal representatives or assigns, do hereby forever release, waive, discharge and covenant not to sue Proehlfic Park (including its officers, directors, employees, affiliates, independent contractors, coaches, and volunteers) from liability for any and all claims, demands, injuries, actions, active or passive negligence or other causes or actions whatsoever arising out of or connected with the use of any of the services or facilities provided by Proehlfic Park that the parent/guardian might have arising from injury or loss to said minor, whether due to the negligence of Proehlfic Park or otherwise. Proehlfic Park shall not be liable for any such claims. Participant's parent, participant's legal guardian, or I hereby consent and affirm the foregoing Liability Waiver on behalf of participant, participant's family and all other parties stated. By affirming and consenting to the liability waiver of risk agreement, it is my intention that terms of the document by and through my consent are as effective as if the participant were an adult rather than a minor. The undersigned hereby irrevocably consents to and authorizes the use by Proehlfic Sports, Inc. and The POWER of Play Charitable Fund, Inc., their officers, directors and employees of the undersigned's image, voice and/or likeness as follows: Proehlfic Sports, Inc. and The POWER of Play Charitable Fund, Inc., shall have the right to photograph, publish, re-publish, adapt, exhibit, perform, reproduce, edit, modify, make derivative works, distribute, display or otherwise use or reuse the undersigned's image, voice and/or likeness in connection with any product or service in any and all markets, media or technology now known or hereafter developed. Proehlfic Sports, Inc. and The POWER of Play Charitable Fund, Inc. may exercise any of these rights themselves or through any successors, transferees, affiliates, licensees, distributors or other parties, whether commercial or noncommercial. The undersigned acknowledges receipt of good and valuable consideration in exchange for this Release, which may simply be the opportunity to represent Proehlfic Sports, Inc. and/or The POWER of Play Charitable Fund, Inc., in its promotional and advertising materials as described above. I have read the preceding information and my questions have been answered. I know, understand and appreciate the risks associated with playing sports and physical activity, and I am voluntarily participating in the activities provided at Proehlfic Park. In doing so, I am assuming all of the inherent risks of the sport. It is the policy of Proehlfic Park that a fee of \$25.00 will be charged for return checks marked NSF or account closed from the bank and credit cards that are denied due to NSF or accounts closed. It is also the policy of the Proehlfic Park that the member's account will be flagged or the participant will be removed from the program until the debt and the NSF Fee has been repaid.

Print Child's Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Internal Use Only:**

Initials: \_\_\_\_\_ Payment Received On: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ CC Type: \_\_\_\_\_