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YOUTH REGISTRATION FORM

THIS FORM IS TO BE USED FOR ALL HIGHLINE ARENA YOUTH RECREATION LEAGUES, CLINICS, CLASSES & ANY OTHER PROGRAM OFFERED

REGISTRATION DATE:	CAMP: ST MARY'S SCHOOL CAMP JUNE 19-23
PARTICIPATES INFORMATION (1 FORM PER CHILD)	
NAMEAC	GEDOB
ADDRESSTOWN	ZIP CODE
PHONECELL	
EMAIL	
CAMP DAYS SELECTION: MON 6/19 TUE 6/20 (circle each day attending)	WED 6/21 THU 6/22 FRI 6/23
BEFORE CARE NEED STARTING AT 7:30AM: YES NO DAYS NEEDED:	
AFTER CARE NEED TILL 6PM: YES NO	DAYS NEEDED: ESTIMATE TIME TILL:
COST \$55 PER DAY x#NUMBER OF DAYS = TOTAL AMOUNT DUE:	
CHECK PAYABLE TO HIGHLINE ARENA / CREDIT CARDS ACCEPTED PLEASE CONTACT CHRIS GOSHA AT chris@highlinearena.com TO SETUP A TIME FOR A CALL FOR PAYMENT OVER THE PHONE.	
Please Read Carefully and Sign The Following:	
In consideration for being allowed to participate in any way in Highline Arena athletics/sports program, and related events, I the undersigned voluntarily agree to assume full and complete responsibility for any injury or accident which may occur to the above named child during or in connection with the Highline Arena or its staff while they/I am on the premises of the Highline Arena and I further hereby voluntarily agree to waive my/our rights and that of my/our heirs and assigns to hold the Highline Arena, its employees, agents, principals or otherwise liable for injury, death, and/or damages sustained by the above named child. I further understand that I should be aware of my child's physical limitations and agree not to exceed them. Highline Arena does not supply any medical insurance nor will pay for any medical bill that may occur from participation or as a spectator. I agree to review the rules and inspect the facilities and if I believe it is unsafe, I will advise his or her coach and refuse to participate. Highline Arena is not responsible for any personal belongings which are lost, stolen or damaged.	
PARENT/GUARDIAN NAME:	DATE:
SIGNATURE:	