



ALL SPORT CHALLENGE CAMP

Summer 2008
REGISTRATION FORM



CHILD'S NAME: _____ AGE: _____ DATE OF BIRTH: ____ / ____ / ____

PARENT/GUARDIAN'S NAME: _____

PRIMARY CONTACT NUMBER(S): _____ - _____ - _____ and/or _____ - _____ - _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ E-MAIL: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

PHONE NUMBER(S): _____ - _____ - _____ and/or _____ - _____ - _____

CIRCLE CAMP WEEK(S)

- SPRING BREAK: March 19th-21st (3 Days: \$150)
- June 16th-20th
- June 23rd- 27th
- MINI CAMP June 30th– July 3rd (4 Days: \$185)
- July 7th- 11th
- July 14th- 18th
- July 21st- 25th
- July 28th- August 1st
- August 4th- 8th
- August 11th- 15th
- August 18th- 22nd

AFTER CARE?

(Available until 5 pm for additional \$10/day)

YES

NO

By signing below, I hereby release, waive, discharge, and covenant not to sue Sports Plex Enterprises, LLC, doing business as The Sports Plex, its owners, officers, company representatives, affiliated companies, landlord, tournament directors, employees, operators, promoters, officials, sponsors, advertisers, lessees within The Sports Plex premises, other sports participants, and any and all other persons in or upon a playing field or spectator area at The Sports Plex (all of whom for the purposes herein are referred to as "the Releasees"). In addition, I release the Releasees from all liability to me, my personal representatives, family, assigns, heirs, and next of kin for any and all damages, and any claims thereof, based upon participating in, viewing, or attending any event at The Sports Plex.

I also agree to indemnify and save and hold harmless the Releasees for any loss, liability, damage, or cost they or I may incur due to their or my negligence or as the result of any other action by them or I in, around, or upon the playing areas and/or while they and/or I am competing, participating in, officiating in, observing, working for, or in any other way associated with an event at The Sports Plex. I also assume full responsibility for, and risk of, bodily injury, death, or property damage due to the negligence of the Releasees while I am competing, participating in, officiating in, observing, working for, or in any other way associated with an event at The Sports Plex. I expressly acknowledge and agree that the activities at a sports event, and in and around the sports playing areas, are dangerous and involve a high risk of serious injury and/or death and/or property damage. I further expressly agree that this Release, Waiver of Liability, and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Maryland, and that if any portion thereof is held invalid, I agree that the balance of this document shall, notwithstanding, continue in full legal force and effect. I expressly consent to, and will permit, emergency medical treatment if required in the sole judgment of an EM technician, and I also give permission to The Sports Plex use my name and/or photograph for promotion or advertising purposes.

I have read and voluntarily sign this release, waiver of liability and indemnity agreement, and I agree that it embraces each and every event sanctioned, authorized, or promoted by or within The Sports Plex Ent., whether by The Sports Plex Ent., directly or any other person or entity.

Refunds will only be given for camp, clinic or leagues cancelled by The Sports Plex

Parent/Guardian's Printed Name

Parent/Guardian's Signature

TOTAL: \$ _____ PAYMENT: \$ CK CC #: _____ RECEIVED BY: _____

HOW DID YOU HEAR ABOUT US? _____

