



# UNION SPORTS WOMEN ASSOCIATION

[www.unionsportsny.com/women](http://www.unionsportsny.com/women)

## Fall/Winter Registration Form

October 10<sup>th</sup> - Dec. 19<sup>th</sup>, 2008  
(no session, Thanksgiving Weekend, Nov. 28th)

Fridays: 9:00pm - 11:00pm

Location: Sportime, 175 Merrick Road, Lynbrook, NY

D.O.B. \_\_\_\_\_ (if under 18)

Name: \_\_\_\_\_  
(FIRST) (LAST)

Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

Home Tel: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Basketball (14 & up) - WNBA Ball req.

Volleyball (13 & up)

Badminton (12 & up) - Yonex Racket req.

**Registration Fees for 10 Sessions: Adults \$175; \*Students \$125**

***\*Student discount: Full-time Student (ID required)\****

**Liability Waiver:** I understand that there are certain inherent dangers in participating in sports activities that may include permanent disability and death. I have inspected the facility and equipment prior to participating in any activities to ensure that they are safe. I do hereby waive, release, and forever discharge the club and its officers, agents, employees, representatives, executors and all others from any and all responsibilities or liability from injuries or damages resulting from myself and/or my child's participation in any **Union Sports Women Association** activities. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself or my child, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my child's participation in any activities of the club or the use of any equipment at the club. I declare myself and/or my child to be physically sound and suffering from no conditions, impairment, disease, infirmity, or other illness that would prevent myself and/or my child's participation in sports activities. In case of accident or injury and an emergency contact person cannot be reached, I grant **Union Sports Women Association** permission to obtain medical attention for myself and/or my child if necessary, for which I will be financially responsible.

**Emergency Contact Name:** \_\_\_\_\_ **Tel:** (\_\_\_\_) \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**(Under 18) Parent /Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

FOR OFFICIAL USE ONLY

**Date** \_\_\_\_\_ **Deposit Paid:** \_\_\_\_ \$ \_\_\_\_\_ **(Cash Only) Bal. Due.** \_\_\_\_ \$ \_\_\_\_\_