

**You may register by mail but you must call ahead for availability.**

**REGISTRATION-UNDERSTANDING /WAIVER:**

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, Tab Ramos Soccer Programs, NJSA 04, Tab Ramos and its staff and agents, 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 to 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 or its staff and agents for reimbursement of medical bills and damages sustained on account of any injury, which may occur to my son/daughter.

The Sports Center, Tab Ramos, Tab Ramos Soccer Programs, NJSA 04 and its agents or staff are not responsible for any personal belongs which are lost, stolen, or damaged. I agree to have all camp/clinic/class 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:

\_\_\_\_\_ Dated: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D/O/B \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Emergency No. \_\_\_\_\_

Cell No. \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact No: \_\_\_\_\_ Relationship \_\_\_\_\_

**What activity are you registering for:** \_\_\_\_\_

**Date of activity:** \_\_\_\_\_

Payment Amount: \_\_\_\_\_ (Check/Charge/Cash) (Visa/Amex/MC/Discover)

Ck no. \_\_\_\_\_

Credit Card No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I authorize my card to be charged in the amount of \_\_\_\_\_ for the above named activity.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

No refunds, credits or makeups for missed classes. Tab Ramos Sports Center has a NO refund policy and reserves the right to change any time or date for any reason. Class size is limited and may be cancelled due to enrollment.