



SMITHTOWN BOOSTER CLUB CLINIC WALK –UP REGISTRATION FORM

CLINIC NAME: _____

Check or Cash (circle one) Amount: \$_____ Check # _____

REFUND POLICY: No refunds will be issued - Make checks payable to: Smithtown Booster Club

PARTICIPANT FIRST NAME:	
PARTICIPANT LAST NAME:	
STREET NUMBER AND ADDRESS:	
TOWN/ZIP:	
HOME PHONE:	
EMAIL ADDRESS:	
EMERGENCY CONTACT NAME:	
EMERGENCY CONTACT PHONE:	
GRADE as of <u>NEXT</u> SEPTEMBER:	
SCHOOL as of <u>NEXT</u> SEPTEMBER:	
HIGH SCHOOL CHILD WILL BE ATTENDING:	EAST OR WEST OR OTHER (CIRCLE ONE)
MEDICAL RESTRICTIONS: NO: _____ YES: _____ (Explain below)	

MEDICAL DISCLAIMER: My son/daughter is in good health and has my full permission to participate in a vigorous athletic program. He/she has no previous illness or bodily injury that is contradictory to participation. In the event I cannot be reached, I give my full permission for such medical procedures deemed necessary by an examining physician.

Parent/Guardian Name (Print Name) Parent/Guardian Email Address (if different from above)

_____/_____/_____
Parent/Guardian Signature Date

RELEASE & WAIVER OF LIABILITY AGREEMENT

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a team member in the sport designated below.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the Booster Club of Smithtown, Inc., its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

I VERIFY THAT THE DANGERS OF THE ACTIVITIES AND THE SIGNIFICANCE OF THIS RELEASE AND WAIVER ARE UNDERSTOOD TO THE PARTICIPANT'S PARENT OR LEGAL GUARDIAN

_____ / ____ / _____
(Name of Child) (Date of Birth)

_____ (Street Address) _____ (Town) _____ (State)

Please list any physical limitation (allergies, hearing, sight. etc.) _____

_____ / ____ / _____
(Parent's Signature) (Date)

_____ (Booster Club of Smithtown, Inc.) _____ (Designate Sport)