



REGISTRATION FORM

Last Name (Please print)

First Name (Please print)

Date of Birth

Grade (as of Sept 2012)

Age

Male

Female

Mailing Address (Street)

City

State

ZIP

Home Phone Number

Parent E-mail

Mother's Name

Mother's Work Number

Cell Phone (Mother)

Father's Name

Father's Work Number

Cell Phone (Father)

Emergency Contact Name

Emergency Contact Number

Name(s) of sibling(s) registered

T-Shirt Size (Choose one) Youth:

M L

Adult: S

M L XL

Applications with payment should be sent to

**Players Skill Center
PO Box 185
Pleasantville, NY 10570**

*Checks should be made out to
Players Skill Center*

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2012 PSC CAMP OFFERINGS

<i>Program Choices</i>	<i>Session 1</i>	<i>Session 2</i>	<i>Session 3</i>	<i>Session 4</i>	<i>Session 5</i>	<i>Office Use Only</i>
Baseball (Full Day)		Not in session	Not in session	Not in session		
Baseball/Multisport		Not in session	Not in session	Not in session		
Football (Half Day)	Not in session	Not in session		Not in session	Not in session	
Football/Multisport	Not in session	Not in session		Not in session	Not in session	
Multi Sport (Full Day)						
Mighty Mites Multi-Sport Athletics (Half Day Only)						
Healthy Lungs for Kids	Not in session	Not in session	Not in session	Not in session		
Soccer (Full Day)	Not in session		Not in session		Not in session	
Soccer/Multisport	Not in session		Not in session		Not in session	
Softball	Not in session	Not in session		Not in session	Not in session	
Softball/Multisport	Not in session	Not in session		Not in session	Not in session	

Sibling and multiple week discount of \$25 per child. Only one discount per child for each week.

Discounts: Sibling Multi-Week Team **ONLY ONE DISCOUNT PER CHILD**

Sibling Name

Week Registered

Team Name

Do you want to purchase lunch for an additional \$50 per week ____ (Y/N)

Method of Payment

Check or Money Order Payable to Players Skill Center: Check # _____ Payment Amount _____

Credit Card Payments Visa Mastercard Security Code _____ Exp _____

Total (non refundable): _____

Name of Card: _____

Credit Card Number: _____

Signature _____

This Registration Form will not be processed without Full Payment and the completed Medial History Form.



Players Skill Center at Pace University

Parent/Guardian Contract, Waiver & Release Form

I, _____(print name) hereby indicate my desire to have my child _____(print name) participate in the Players Skill Center (PSC) and use the equipment and facilities at Pace University, located on Pace's Pleasantville, New York campus between _____, 2012 and _____, 2012. My child's participation in Players Skill Center Summer Camp at Pace University and the use of the equipment and facilities is completely voluntary. In consideration for permitting my child to participate in the PSC Summer Camp and being permitted to use the equipment and facilities at Pace University, I agree to the following:

- 1.) To abide by all of Pace's applicable policies, rules, regulations and standards of conduct during and in connection with use of the equipment and facilities for the Players Skill Center Summer Camp, including but not limited to parking and security policies. I understand that violation of these policies, rules, regulation and standards may result in my removal from the Players Skill Center Summer Camp and University's campuses, without refund.
- 2.) If _____(print child's name) requires an accommodation due to a disability and or religious observances for full participation, I will follow the proper procedures for assessment and approval of such accommodation by the necessary administrative parties as reasonable. Such approval of accommodations must be granted prior to enrollment in the Players Skill Center Summer Camp. Except as had been confirmed to Players Skill Center Summer Camp in a writing attached to this release, _____ (print child's Name) have no medical or psychological condition that would preclude or limit participation in any program, and _____ (print child's name) is not taking any medication that would impair ability to use the equipment or facilities or participate.
- 3.) I authorize Players Skill Center Summer Camp, its employees, agents and representatives to act in any attempt to safeguard and preserve the health and or safety of _____ (print child's name) during participation in a program offered, including authorizing emergency medical treatment on my behalf and at my expense.
- 4.) I agree for myself, my heirs and my personal representatives, to hold harmless, and forever release and discharge Players Skill Center Summer Camp and all its officers, agents and employees from and against any and all claims, demands, actions or causes of action , on account of damage to personal property or personal injury which may result from participation in Players Skill Center Summer Camps Programs and activities and incident thereto.
- 5.) It is understood that all photography or videos taken at Players Skill Center Summer Camp may be used for promotional purposes or in other ventures directly relating to camp and I agree with the terms outlined in the publicity Release; see website for details.
- 6.) I give permission for my child to participate in Players Skill Center swimming sessions on June 25-August 3, 2012. Swim sessions will take place at the Goldstein Recreation Center Swimming pool located on Pace University, Pleasantville campus. Daily swim times will be 12:15p-1-30p or 2:30p-3:45p each day.
- 7.) I acknowledge that I have read this entire document and understand its terms. This release shall be construed in accordance with, and governed by, the laws of the State of New York. Any litigation relating to this Release or the Event shall be conducted in a court of competent jurisdiction in the State of New York, county of New York.

Parent or Guardian's Signature

Date

Print Name

MEDICAL HISTORY

Name _____ **Birth Date** ____/____/____ **Sex** _____ **Age** _____

 Last First M.I.

Parent or Guardian (or Spouse) _____ **Phone** (____) _____

Cell Phone (____) _____ **Other** (____) _____ **Email** _____

Home Address _____

 Street and Number City Zip Code

Emergency Contact: _____ **Phone** (____) _____

Operations or serious injuries (dates) _____ Disability or Chronic illness: _____

Any specific activities to be limited by physician's advice: _____ Other health-related information: _____

Please List any allergies _____

Name of family physician: _____ **Phone** (____) _____

Insurance Carrier _____ **Policy or Group Number** _____

PARENT/GAURDIAN SIGNATURE REQUIRED:

I certify that my child has not incurred any significant health problems since date listed on the Physical Form. The information provided in the **Medical History Form** is correct, and my child has permission to engage in all prescribed activities at Players Skill Center Summer Camp. Please attach most recent immunization records along with this form.

Emergency Authorization: I hereby give permission to the medical personnel selected by the camp director to administer routine treatment to my child. In the event I (or other designated contact) cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment, order injection/ or anesthesia and or/ surgery for my child as named above.

Signature of Parent or Guardian Date