

PAUL ZARKY'S GET HIGH ON SPORTS

Fall 2010
Aug 21 – Dec 21st 2010

SSDS SPORTS CLASS REGISTRATION AND LIABILITY WAIVER

You may list all participants (from the same family) on this application.

Name: _____ 09-10 Grade: _____ D.O.B. _____

Address: _____ City: _____ Zip: _____

Home #: _____ Alt #: _____ Email: _____

The above named applicant is in good health and has my permission to participate in this program. In case of emergency I grant permission for my child to be given emergency treatment. I hereby release Paul Zarky's Get High on Sports Soccer Camp from all liability for any injury or illness incurred at camp or in the transportation to and from the camp for treatment of said injury or illness.

I agree to assume complete financial responsibility for any injury or property damage created as a result of an intentional or negligent act of my child or ward while she or he is enrolled at the Camp or upon the premises of the Camp while participating in any activity of the same.

Signed: _____ Date: _____
(Parent or guardian)

Specific medical instructions if necessary: _____

YOUTH SPORTS CLINICS AND CAMPS -- SPORTS PROGRAMMING CONSULTANTS
336 Tulip Drive, Webster Groves, Missouri 63119 - (314) 616-1142 / zarkmania@hotmail.com

YOUTH SPORTS CLINICS AND CAMPS -- SPORTS PROGRAMMING CONSULTANTS
336 Tulip Drive, Webster Groves, Missouri 63119 - (314) 616-1142 / zarkmania@hotmail.com