

# FASTBREAK REGISTRATION DODGEBALL \$29 per night

Child Name:		Home Phone:	
Address:		Mothers Name	
City, State, Zip		Cell/Work	
Date of Birth		Fathers Name	
School		Cell/Work	
Grade school year '07-'08		EMERGENCY #	
Email Address #1:		@	
Email Address #2:		@	

please write clearly

## PLEASE CIRCLE DATES YOU ARE RESERVING

9/20/2008	10/4/2008	11/8/2008	
9/27/2008	10/11/2008	11/15/2008	
10/4/2008	10/18/2008	11/22/2008	
10/11/2008	11/1/2008	12/6/2008	TOTAL DAYS = _____

**\$29 PER NIGHT**

**DODGEBALL BOYS AND GIRLS- SATURDAYS NIGHTS 6PM TO 8:30PM**

Circle grade	K/1st grade	4th grade	7th grade
	2nd grade	5th grade	
	3rd grade	6th grade	

Total dodgeball x  
\$29 per night = \$ \_\_\_\_\_

MC or VISA or Check Enclosed -	To : FASTBREAK:	303 w 66 st NYC NY 10023	OR FAX TO 646-386-7634
CREDIT CARD INFO:MC or VISA Card #		CVA# (on back of card)	_____
		<b>EXP DATE</b>	_____

**Liability Disclaimer:** I, the parent or guardian of the above named child, hereby consent to his/her participation in the *Fastbreak* program. I certify that he/she is in good health and able to participate in all activities and in the case of emergency affecting my child, I hereby give permission for physician or hospital designated by *Fastbreak* to administer treatment to my child. I (am/am not) enclosing a note explaining any physical limitations and required medicine. In consideration of *Fastbreak* accepting this registration and permitting the participation of said child, which i believe would be educational, physical and other benefits, i hereby release, discharge, indemnify and hold harmless *Fastbreak*, its officials, coaches and representatives from any and all claims, actions and liabilities arising out of or in connection with the child's participation in any aspect of *Fastbreak*. I also give permission to *Fastbreak* to use photographs and/or endorsements of aboved named child and/or parents in its future brochures, websites or promotional material..

SIGNED \_\_\_\_\_