

# FASTBREAK AAU TRAVEL 2010

Child's Name:	Home Phone:
Address:	Mother's Name:
City, State, Zip:	Cell/Work:
Date of Birth:	Father's Name:
School:	Cell/Work:
Grade 09-10:	Emergency #:
Email Address #1:	
Email Address #2:	

## WEEKEND PROGRAM 2010

# TRAVEL BASKETBALL

**\$850** (*already have a uniform*)

**\$950** (*need a uniform*)

### ***Mail or Fax Registration To:***

**303 W 66th Street STE. 3LW**

**New York, NY 10023**

**Fax: 646-386-7634**

<input type="checkbox"/> CHECK OR CREDIT CARD INFO:	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
Name on Card: _____	Card #: _____	Exp: _____
Signature: _____	CVA# (on back of card): _____	

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 beneficial, 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 above named child and/or parents in its future brochures, websites or promotional material.

Signature \_\_\_\_\_ Date \_\_\_\_\_