



# All Sport NJ Sign Up Form



Name of Parent: \_\_\_\_\_ Name of Child: \_\_\_\_\_

Home Address: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Age: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Players cell # \_\_\_\_\_ Parent's Cell # \_\_\_\_\_

Programs Signing up for: \_\_\_\_\_

Team Name: \_\_\_\_\_ Position Played: \_\_\_\_\_

Experience or Level of Play: \_\_\_\_\_ Club Interest: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Please list all medical conditions we should be aware of: \_\_\_\_\_

Payment Method: Cash Check (made payable to: All Sport NJ)

Card Type: Visa MasterCard American Express Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Subscribe to All Sport NJ mailings and e-mail promotions: Yes No



### Waiver Form: (Please Sign)

I hereby authorize the staff of All Sport NJ to act for me in according to their best judgment in any emergency requiring any medical attention for my child, if I cannot be contacted. In consideration of acceptance of my child, I hereby for myself, my child, their heirs, executors, and administrators hold harmless, waive and release any claim we may have for damages against the above mentioned organizations, camp operators, their officials, officers, employers, or representatives or their successors and assigns for any and all injuries that may be suffered.

I certify that I am the proud parent/legal guardian of: \_\_\_\_\_ and I am over the age of 18 years. I also agree that any photos taken of my child while participating in this activity can be used for marketing and promotional purposes. I attest that my child is in sound condition to participate in all activities.

\_\_\_\_\_  
Signature of Parent/Guardian

All Sport NJ  
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