

SUMMER '08 ■ INDIVIDUAL REGISTRATION FORM

Participant Name: _____

Parent/Guardian Name: _____

Date of Birth: _____ Age: _____ Boy Girl

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: (Day) _____ (Night) _____ Amount Due: \$ _____

CREDIT CARD: Visa MC Discover AMEX Card # _____ Exp. Date: _____

All balances MUST be paid in full at the time of registration. NO REFUNDS WILL BE GIVEN.

Please Read Carefully and sign the following Registration-Understanding/Waiver.

In consideration for being allowed to participate in any way in GOODSPO RTS USA athletic/sports programs, and related events, I the undersigned voluntarily agree to assume full and complete responsibility for any injury or accident which may occur to the above named child during or in connection with GOODSPO RTS USA or it's staff while they/I am on the premises of GOODSPO RTS USA. I acknowledge that at GoodSports USA, I/they will participate in activities that may involve, among other things, physical contact with persons or objects, including the ground, and may incur a risk of injury. I specifically waive, give up and release GoodSports USA and its staff, from all liability for any claim for damages which I/the above named child may have relating to injuries or illness that I/they may sustain. In signing this waiver, I certify that I/the above child are in good health, with no chronic illness or abnormal tendencies. In the event of an emergency in which I/the above child requires medical care, I authorize GOODSPO RTS USA to act for me and obtain whatever medical, surgical or dental examination, diagnosis and/or treatment is deemed necessary. GOODSPO RTS USA is not responsible for my personal belongings which are lost, stolen, or damaged. I agree to have all fees paid in full before the first game. I further understand that I should be aware of my/the above named child's physical limitations and agree not to exceed them. I agree to review the rules and inspect the facilities and if I believe it is unsafe I will advise his or her coach and refuse to participate.

Sign: _____

Print Name: _____

PLEASE MARK WHICH PROGRAM(S) YOU ARE REGISTERING FOR: **SELECT SHIRT SIZE:** Youth L Adult S Adult M Adult L Adult XL Adult XXL

SOCCER CAMPS

- Pre-Season H.S. & College/July 28-Aug 1/\$225
- Sea Girt/August 4-8/Includes Lunch/\$235
 - Recreation Travel Team Goalkeepers

HIGH SCHOOL VOLLEYBALL CAMP

- August 11-15/\$195
 - Boys 9:00-12:00 Girls 1:00-4:00

BOYS LACROSSE CAMP

- Boys Lacrosse/July 21-25/\$225 Goalkeeper (if applies)

GIRLS LACROSSE CAMPS

- Girls Lacrosse/July 7-11/\$195 Goalkeeper (if applies)
 - 8:00-10:00am Varsity/College Bound
 - 10:30-12:30am Beginner/Intermediate

YOUTH ROLLER HOCKEY CAMPS

- Basic Skills Camp/July 28-Aug 1/\$225
- Intermediate/Advanced Skills/Aug 4-8/\$225
 - Goalkeeper (if applies)

YOUTH INSTRUCTIONAL HOCKEY CLINIC

- Hockey/June 6-July 25/7 week clinic/\$125

YOUTH ROLLER HOCKEY LEAGUE

- Independent/\$135 per player (League Registration on Reverse)
- 10+ Under 12+ Under 14+ Under High School
 - Goalkeeper (if applies)

POP WARNER FOOTBALL CAMP

- Football/July 14-18/\$225

HIGH SCHOOL FOOTBALL CAMP

- H.S. Football/June 23-27/\$295

Please list your position (if known): _____

FIELD HOCKEY CAMP

- June 30-July 3/\$200 Goalkeeper (if applies)

BASEBALL CAMP

- Pro-Player/August 4-8/\$225

"GOODSPEED" CAMP

- Speed & Agility Camp/August 11-13/\$195

GROUP SWIM LESSONS

CHOOSE SESSION DATES:

CHOOSE AMOUNT OF SESSIONS:

- Session 1: June 30 - July 10 1 Session/8 Lessons/\$185
- Session 2: July 14 - July 24 2 Sessions/16 Lessons/\$335
- Session 3: July 28-Aug 7 3 Sessions/24 Lessons/\$455

CHOOSE SESSION TIME:

- 9:00-9:45am 11:00-11:45am 3:00-3:45pm

PRIVATE SWIM LESSONS

- Private Lessons/one-on-one/30 Minutes/\$45 per lesson
- Number of Lessons _____

MUST schedule lesson(s) with Jenn Lane 732-681-8898 ext. 66

AQUATICS PROGRAMS

- Baby & Me Swim Member \$100/Non-Member \$150
- Aqua Yoga & Swim Member \$125/Non-Member \$175
- Red Cross Lifeguard Member \$300/Non-Member \$325

POOL MEMBERSHIP

List all members names and D.O.B./Under 2yrs -FREE

- 1 - \$300 _____
- 2 - \$520 _____
- 3 - \$660 _____
- 4 - \$740 _____
- 5 - \$850 _____
- 6 - \$900 _____

Members MUST reside at same household I.D. required

Mail Form and Payment to: GoodSports 2903 Highway 138, Wall, New Jersey 07719

ACD Camp, Party Registration, Pool Rental & Extra Forms Contact Us: 732-681-8898 ■ www.goodsportsusa.com