

Ultimate Sports
AMERICA



WINTER SOCCER TRAINING BOYS AND GIRLS

**MONDAYS
JANUARY 9 - MARCH 12**

AGES 4-7: 4PM-5PM \$250

U8, U9 AND U10: 5PM-6:30PM \$350

U11, U12 AND U13: 6:30PM-8PM \$350

U14 AND OLDER: 8PM-9:30PM \$350

**TRAINING BY FIRST SHOT SOCCER
WITH BOBBY CALDERON**

**RYSA WILDCATS
REGISTER BY NOVEMBER 15TH
TO RECEIVE \$25.00 OFF
(LIMITED SPACE AVAILABLE)**

10 WEEK SESSIONS





12 Wright Way * Oakland, NJ * 07436
201.644.0372 F. 201.644.0377

Flyer Reference Number: _____

Player/ Contact Information:

Sport/ Program: _____ Session (if applicable): _____
Player Name: _____ DOB: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Alternate Phone Number: _____
Email: _____
Parent/Guardian Contact Information:
Name: _____ Phone: _____ Email: _____

Payment Information:

Once payment is made it is non-refundable
(Please mark one) Credit Card: _____ *Check: _____ Cash: _____
*if applies there will be a \$30 penalty expected for any checks that are returned.
Credit Card: Amex: _____ Visa: _____ MC: _____ Disc. _____ (Please mark one)
Credit Card #: _____ Print Name on Card: _____
Exp. Date: _____ Security # (3 digits on back of card): _____ Billing Zip Code: _____
Signature: _____
Driver's License # _____ (provide only if paying by check)

By signing above, I agree to the terms of full, non-refundable, payment of \$ _____ on the credit card provided above.
MAKE CHECKS PAYABLE TO: ULTIMATE SPORTS AMERICA, LLC

FOR MORE INFORMATION: VISIT OUR WEBSITE AT: WWW.ULTIMATESPORTSAMERICA.COM

Waiver of Liability, Assumption of Risk, and Emergency Contact Form

In consideration of being allowed to participate in any way in the above listed sport, related events, and activities, I, the undersigned, acknowledge, appreciate, and agree that:

- 1. The risk of injury from the activities involved in these sport events is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
- 2. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation; and
- 3. I willingly agree to comply with the stated instructions and policies and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
- 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold Ultimate Sports America, LLC and their officers, officials, agents and/or employees, other sports participants, sponsoring agencies, sponsors, advertisers, and if applicable owners and lessors of premises used to conduct the event or activity ("Releases") harmless with respect to any and all injury, disability, death, or loss or damage to person or property, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I understand, agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous activity. Understanding this, I state that I have no medical condition or impairment that might inhibit my safe and active participation in the above listed sport. In addition, I understand that Ultimate Sports America, LLC does not provide medical insurance coverage for the participant and that any applicable medical insurance must be provided individually by such participant. In the case of injury or medical emergency and in the event the participant, or their parent or guardian cannot respond at the time of the emergency, Ultimate Sports America, LLC has permission to seek, administer, or have administered whatever first aid or emergency medical care deemed necessary for the participant's welfare, and it is understood that the participant, and not Ultimate Sports America, LLC shall be responsible for any and all charges for such health care services regardless of whether the participant's medical insurance would cover such charges.

Signature: _____ Date: _____
(If participant is under the age of 18, parent/legal guardian signature)

Printed Name: _____ Phone: _____

Emergency Contact Name: _____ Relation: _____ Phone: _____