

In The Zone Hoop Camps

ITZ Zone Club at Safety Harbor Community Center

Registration Form

(Please fill out completely)

ITZ Zone Club Fall Session 2010, Wednesdays at 7:00PM

9/1, 9/15, 9/22, 9/29, 10/6, 10/13, 10/20, 10/27, 11/3, 11/10, 11/17, 12/1

REGISTRATION OPTIONS

Option A: \$195 for all 12 classes (discounted rate)

Option B: \$95 per month (4 class rate)

Please add \$15 registration fee to all new participants

NO REFUNDS OR EXCHANGES ARE AVAILABLE FOR THIS PROGRAM

PLEASE MAKE YOUR CHECK PAYABLE TO "IN THE ZONE HOOP CAMPS"

**Mail completed registration form along with your payment to
ITZ Hoop Camps, P.O. Box 14855, Clearwater, FL 33766**

(Please print legibly)

D.O.B. _____

Name of Child: _____ Age as of **January 1, 2011:** _____

Parent(s) Name: _____ Tel (H) _____

E-mail Address: _____ Tel (W) _____

Address: _____ Tel (Cell) _____

Emergency Contact _____ Tel (H) _____

Tel (W) _____

Are there any medical restrictions that would affect participation in the basketball league?

Waiver of Liability

I approve of my child's enrollment and/or participation in ITZ Zone Club at Safety Harbor Community Center, and hereby grant my permission for him/her to participate in all games and activities of the class.

Knowing that safe procedures and practices will be employed by the **City of Safety Harbor** and **In The Zone Hoop Camps**, its employees and coaches, I will not hold the **City of Safety Harbor** and **In The Zone Hoop Camps**, or its employees and coaches liable for any injury that may occur during the conduct of class activities. I also understand that the **City of Safety Harbor** and **In The Zone Hoop Camps** provides neither hospitalization, nor any type of accident insurance for its participants.

The City of Safety Harbor and **In The Zone Hoop Camps**, its employees and coaches assume no liability for injury or damage arising from the results of participation.

Due to the strenuous nature of some activities, the participant is urged to consult his/her physician concerning fitness to participate. All activities present certain inherent risks and hazards, which the participant is urged to consider and which the participant assumes.

In the event of an emergency, I hereby consent to emergency medical treatment for my child on his/her behalf. To the best of my knowledge, there are no physical or other conditions which will interfere with my child's participation.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

ITZ OFFICE USE ONLY

Staff Initials: _____

Registration date: _____

Registration fees collected: _____

Check # _____