

Team NJABC - BEAST Hoops Academy

REGISTER AND PAY ON LINE AT WWW.TEAMNJABC.COM

Please check/circle the package and mail check to:

TEAM NJABC, c/o Matt Pauls, 317 Hale Street, Pennington, NJ 08534

- 5 sessions for \$150*
- 10 sessions for \$275*
- 15 sessions for \$375*
- 20 sessions for \$450*
- 25 sessions for \$500*
- Unlimited Family rate: all kids for \$800 total*

*** No refunds will be given
*** Schedule subject to change
*** Make checks payable to *Team NJABC*
*** Pay via credit card on line at
www.teamnjabc.com

PLEASE MAKE CHECK PAYABLE TO: TEAM NJABC

Participant Name: _____

School: _____

Grade in Fall 2011: _____ Age: _____ DOB: _____

Parents' Names: _____

Address: _____

City: _____ State _____ Zip _____

Home Phone: _____ Parents Cell Phone: _____

Parents Email Address: _____

Emergency Contact: _____ Phone Number: _____

Health Insurance Carrier: _____

Policy Number: _____ Group Number: _____

Health and Behavior Guidelines:

I, the undersigned, submit my son/daughter is physically fit to participate in strenuous athletic activity and waive NJABC, and The Pennington School of any and all responsibility for injury or illness. I hereby authorize the directors of the NJABC basketball clinic to act for me according to their best judgement in any emergency requiring medical attention. I understand I am solely responsible for the payment of any such medical expenses and must provide NJABC with proof of medical and accident insurance. I also understand my payments are non-refundable and non-transferable under any circumstances. I understand that any participant who does not abide by clinic and facility rules or regulations is subject to dismissal without refund or recourse.

Signature of Parent/Guardian _____ Date _____

FOR OFFICE USE ONLY:

Amount Paid/Date _____ Check # _____