

NY Friendship Circle and HHH FURY are proud to present

★ Spring 2019 SPORT STARZ ★

Thursdays from 6:30-7:30, March 28, April 4, 11, 18, May 2 and 9.

Cost for this 6 week program is **\$89 per registrant**. All registrations must be accompanied by payment in full.

Please make all checks payable to "NY Friendship Circle"

Send to: NY Friendship Circle, 501 Vanderbilt Parkway, Dix Hills, NY 11746

Last Name _____ First _____ Played in Sport Starz last year? Y / N

Height _____ Weight _____ D.O.B. _____ Sex: M / F Grade _____

E-Mail address: _____

Address : _____ Home Telephone No.(_____) _____

Name of Mother/Guardian: _____ Father: _____

Mother/Guardian Cell Phone: (_____) _____ Father Cell Phone(_____) _____

Emergency Contact Name: _____ Emergency Contact No:(_____) _____

Reliable volunteers are needed to insure the continued success of this program.

Members of my household are interested in serving as: Coach Assistant Peer Volunteer

Name(s)/contact : _____

I, the undersigned, give my child permission to participate in the HHHYBL program. I certify that my child is physically fit to participate in strenuous athletic activity and I have obtained clearance from a physician before permitting my child to participate. I agree to hold HHHYBL, its' employees and agents harmless for any liability resulting from injury or illness. I hereby authorize HHHYBL to act for me according to their best judgment in in any emergency requiring medical attention. I understand that I am solely responsible for the payment of any such medical expenses.

Signature of Parent or Legal Guardian: _____ Date: _____

Insurance company providing coverage for your child: _____ Policy Number: _____