

MANHATTAN ATHLETICS/UAC REGISTRATION FORM

Child's Name: _____ Home Phone: _____
 Address: _____ Parent 1 Name: _____
 City, State, Zip: _____ Cell/Work: _____
 Date of Birth: _____ Parent 2 Name: _____
 School: _____ Cell/Work: _____
 Grade '11-'12: _____ Emergency #: _____
 Email Address #1: _____
 Email Address #2: _____

*Please fill out a separate form for each child.

AFTERSCHOOL PROGRAMS FALL/SPRING '11-'12 (9/12-11/4 & 4/2-6/8)

\$1400

MONDAY	BASEBALL _____	MULTISPORT _____	BASEBALL TRAINING _____	
TUESDAY	BASEBALL _____	MULTISPORT _____	SOCCER _____	
WEDS	BASEBALL _____	MULTISPORT _____	BASEBALL TRAINING _____	LAX _____
THURSDAY	BASEBALL _____	MULTISPORT _____	SOCCER _____	
FRIDAY	BASEBALL _____	MULTISPORT _____		

Early Bird Discount!
Register for the Fall/Spring by 6/1 - \$1200

SUMMER CAMPS June 2011

FULL DAY \$550/WEEK

HALF DAY \$425/WEEK

JUNE 6-10	BASEBALL _____	MULTISPORT _____	FULL DAY _____	HALF DAY _____
JUNE 13-17	BASEBALL _____	MULTISPORT _____	FULL DAY _____	HALF DAY _____
JUNE 20-24	BASEBALL _____	MULTISPORT _____	FULL DAY _____	HALF DAY _____

TOTAL FEES: _____ CHECK Payable to "Manhattan Athletics" _____

OR VISA _____ DISCOVER _____ MASTERCARD _____

CREDIT CARD INFO:

Name on Card: _____ Card #: _____ Exp: ____/____

Signature: _____ CVA# (on back of card): _____

Liability Disclaimer: I, the parent or guardian of the above named child, hereby consent to his/her participation in the **Manhattan Athletics** program. I certify that he/she is in good health and able to participate in all activities and in the case of emergency affecting my child, I hereby give permission for physician or hospital designated by **Manhattan Athletics** to administer treatment to my child. I (am/am not) enclosing a note explaining any physical limitations and required medicine. In consideration of **Manhattan Athletics** accepting this registration and permitting the participation of said child, which I believe would be educational, physical and beneficial, I hereby release, discharge, indemnify and hold harmless **Manhattan Athletics** its officials, coaches and representatives from any and all claims, actions and liabilities arising out of or in connection with the child's participation in any aspect of **Manhattan Athletics**. I also give permission to **Manhattan Athletics** to use photographs and/or endorsements of above named child and/or parents in its future brochures, websites or promotional material.

Signature: _____ Date: _____



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