

NYC Spartans Baseball

ACCEPTANCE FORM

Phone#: (866) 321-8221 * Fax#: (631) 366-4304

1636 Third Avenue, Suite 225 * New York, NY 10128

web: www.uptownathleticclub.com * email: info@uptownathleticclub.com

Child's Name

Address

City, State, Zip

Date of Birth

School

Grade (school year '09-'10)

Home Phone

Mother's Name

Cell/Work

Father's Name

Cell/Work

E-mail Address

@

Deposit Fee: \$500

Check

Visa

Mastercard

Discover

Name on Card:

Card#

Exp. Date

Liability Disclaimer: I, the parent or guardian of the above named child, hereby consent to his/her participation in the Uptown 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 Uptown to administer treatment to my child. I (am/am not) enclosing a note explaining any physical limitations and required medicine. In consideration of Uptown 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 Uptown 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 Uptown. I also give permission to Uptown to use photographs and/or endorsements of above named child and/or parents in its future brochures, websites or promotional material.

SIGNATURE

DATE

