



2016/17 Field Sports Clinics Form

Participant's Name: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell #: _____ Work #: _____

Email 1: _____ Email 2: _____

Sport: _____ Gender: _____ Age: _____ Birthdate: _____

FALL CLINICS \$75 (4 weeks: Oct. 17th- Nov. 7th)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
4-5pm	LACROSSE 2 nd -4 th grade	SOCCER K-2 nd grade 3 rd -4 th grade	BASEBALL 2 nd -4 th grade	FOOTBALL 2 nd -4 th grade
5-6pm	LACROSSE 5 th -7 th grade	SOCCER 5 th -6 th grade 7 th -8 th grade	BASEBALL 5 th -7 th grade	FOOTBALL 5 th -7 th grade SPEED & AGILITY 5 th -8 th grade

Note: Clinics will only run if registration is sufficient; determination will be made no later than 1 week before each session's start date. Full payment is required to secure placement. Refunds are permitted up to 2 weeks before the clinic begins minus a \$50 cancellation fee. There are no refunds for any cancellations made within 2 weeks of the clinic start date unless Future Stars Southampton is able to fill the spot. All client participants must sign Future Stars Southampton waiver prior to the start of the program.

Charge to my credit card: MasterCard Visa American Express

Name: _____ Card #: _____

Exp Date: ____/____/____ Sec. Code _____ Billing Zip Code: _____

Enclosed is a check (made payable to **Future Stars Southampton**)

Please bring, mail, email, or fax this form
with your deposit to:

Future Stars Southampton
P.O. Box 1576
Southampton, NY 11969
P: 631.287.6707
F: 631.287.8633

Email: info@futurestarsouthampton.com

Waiver & Release

The registrant is physically cleared to participate in this program and does so at his/her own risk I understand that neither Future Stars Southampton LLC, SYS Inc. and the Town of Southampton, or its agents will assume responsibility for accidents and/or medical expenses incurred at Future Stars Southampton. In the event of an emergency, I hereby grant Future Stars Southampton permission to give whatever immediate treatment is necessary and/or take my self/child to a hospital emergency room. Permission is hereby granted to utilize photos and video taken at Future Stars as promotional material. I have carefully read all of the information and agree to all conditions.

Signature: _____ Date: _____