



Please fill out the application below. This form including signed waiver and full payment of \$250.00 per session registered are required for participation. Mail the completed application, waiver form, and payment to Trumbull Sports Zone, LLC, 29 Trefoil Drive, Trumbull, CT 06611. If paying by check or money order, please make payable to **The Sports Zone**. Visa or MasterCard payments can be made in person only and your registration is not guaranteed until payment is received. Please call or email to schedule an appointment. Please note that spots are filled on a space available basis, in the order in which they are registered and paid. **Hurry—spaces are limited. Registration Closes on 10/18/11 and may close sooner or later based on spots selling out.**

2011/2012 Men's Tuesday Night Lacrosse

Player Name: _____		Date Of Birth: _____	
Name: _____		Street: _____	
City: _____	State: _____	Zip Code: _____	
Home Phone: _____		Work Phone: _____	
Cell Phone: _____		E-mail: _____	
Emergency Contact must be someone other than you:			
Name: _____		Phone: _____	

<p><u>Tuesday Dates</u> Program cost is \$250.00 per player (20 weeks) Program Dates (20 weeks): Nov. 1st – March 13th _____ Time: 8:00pm-10:00pm 11/1/11-12/27/11</p>	<p style="text-align: center;"><u>Program Register</u> Pat Morabito Tuesdays Time: 9:00pm-11:00pm 1/3/12-3/13/12</p>
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<u>Billing Information</u>	
Please note that if you are paying by credit card, it is preferred that you come to The Sports Zone to swipe your card rather than completing the information below.	
Visa/MasterCard (circle one): #: _____	Expires (Mo. & Yr.): _____
Amount: \$ _____	Cardholder Name: _____
If paying by check or money order, please make payable to The Sports Zone , and mail payment with the completed application.	

<u>Office Use Only:</u>	
Received Amount (circle one)	<input type="checkbox"/> Y <input type="checkbox"/> N <input style="width: 100px;" type="text"/>
Payment: Check/MO# _____	MC/VISA _____ Cash _____
Enter Initials _____	
Notes: _____	

WAIVER, RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

TO OUR GUESTS: As a condition for your entry upon these premises, it is necessary for you to sign the following agreement:

AGREEMENT

I understand that there are risks of injury when I participate in sports and other activities at this facility. I also understand that Trumbull Sports Zone, LLC is not accepting or assuming any duties or responsibilities with respect to my safety. Therefore, in consideration of the permission extended to me to enter these premises, I release and forever discharge Trumbull Sports Zone, LLC from any claims that I have, or that I might in the future have, arising out of or concerning my presence at this facility or my participation in any activity at this facility, and I promise to indemnify Trumbull Sports Zone, LLC and hold it harmless from any claims and related defense costs, including reasonable attorneys fees, arising out of my presence or my participation in any activity at this facility. In addition, I hereby authorize The Sports Zone and its assigns to utilize any and all photographs, pictures or other likeness of the participant as they deem appropriate in its promotional materials.

Name of Player _____

Signature _____

Date _____