

Piermont Athletic Club, LLC

50 Piermont Road, Cresskill New Jersey 07626
201.568.KIDS - www.PiermontAthleticClub.com

Program Contract

First/Last Name _____ Gender _____ Birthday _____ Grade _____
Address _____ Town _____ Zip _____
Parents' Names _____ Email _____
Home # _____ Cell # _____
School _____ Camp _____
Program Day _____ Program Time _____ Payment Info. _____

Release Form: I hereby agree that my child is participating at his/her own risk and that I am responsible for any injury or loss that may occur. I am also responsible for any damage or injury that my child may cause at the Piermont Athletic Club (PAC).

I hereby authorize the Director of the Piermont Athletic Club to act for me according to his best judgment in any emergency requiring medical attention. I hereby release, discharge and indemnify Piermont Athletic Club, LLC, staff, affiliated entities and their officers, agents and employees from and against any and all liability or causes of actions arising out of, or in connection with, my and/or my child's participation. I understand that any player who does not follow the rules and regulations is subject to dismissal without reimbursement.

I also agree that you may utilize photographs and information relating to my child's participation in PAC activities on your web site and other PAC publicity and literature. This also includes any testimonials that my child or I may provide.

I agree that program locations and times are subject to change based on availability and enrollment.

Signature: _____

Date: _____