

HOOP STARZ REGISTRATION APPLICATION

NAME	AGE:	DATE OF BIRTH	GRADE:	GENDER
PARENT(s) / GUARDIAN(s)		HOME PHONE:	CELL / PAGER:	
STREET ADDRESS:				
CITY:		STATE:	ZIP CODE:	
EMERGENCY CONTACT (If different from parent / guardian)			EMERGENCY PHONE:	

NAME(s) AUTHORIZED TO PICK-UP MINOR			
PRIMARY:	ALTERNATE:	ALTERNATE:	ALTERNATE:
<input type="checkbox"/> ADD ME TO HOOP STARZ MAIL LIST AND SEND EMAIL TO (Email Addr.):			

ENTER THE FULL PROGRAM NAME AND THE SELECTED SESSION FOR MULTI-SESSION PROGRAMS						
PROGRAM	GROUP	DAY	TIME	START DATE	END DATE	ENTRY FEE

~ PAYMENT TO NYSC ~			
CREDIT CARD #	SECURITY CODE	NAME AS IT APPEARS ON CARD:	EXPIRES:
CHECK #:	FOR AMOUNT:	RECEIVED BY:	DATE:
NOTICE: (1) ALL CANCELLATIONS OR WITHDRAWALS WILL BE RESOLVED ONLY BY RECEIPT OF A CREDIT APPLIED TO ANY HOOP STARZ PROGRAM, CLASS, OR EVENT AND ARE SUBJECT TO A \$35.00 ADMINISTRATION FEE. (2) BEHAVIOR PROBLEMS REQUIRE ONLY ONE PARENT/GUARDIAN CONSULTATION (FOR MINORS) BEFORE DISMISSAL WITHOUT REIMBURSEMENT. (3) AN ENROLLEE INJURED DURING A CLASS SESSION OR PROGRAM SUCH THAT PARTICIPATION CANNOT CONTINUE WILL RECEIVE A PRO-RATED CREDIT TOWARDS ANY HOOP STARZ PROGRAM OR EVENT.			

I HEREBY CERTIFY THAT THE APPLICANT ABOVE MENTIONED IS IN GOOD HEALTH AND MAY PARTICIPATE IN ALL ACTIVITIES AND PROGRAMS APPLIED FOR AT HOOP STARZ. I HEREBY APPOINT THE DIRECTORS OF HOOP STARZ TO ACT ON MY BEHALF IN AUTHORIZING MEDICAL ATTENTION IN THE CASE OF AN EMERGENCY AND UNDERSTAND THAT HOOP STARZ WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS DUE TO INJURY. WE, AND AS THE UNDERSIGNED LEGAL REPRESENTATIVE OF THE APPLICANT, HEREBY AND TOGETHER ACKNOWLEDGE, AGREE AND ACCEPT THAT USE OF ANY APPARATUS, FACILITY, PRIVILEGE, OR SERVICE OF HOOP STARZ, EITHER WHILE VISITING OR ENGAGED IN ANY CONTEST, COMPETITION OR GAME FUNCTION, OR WHILE INVOLVED WITH ANY EXERCISE OR OTHER ACTIVITY OPERATED, ORGANIZED, ARRANGED OR SPONSORED BY HOOP STARZ, EITHER ON OR OFF THE HOOP STARZ PREMISES, IS DONE AT OUR OWN RISK, AND, THAT WE SHALL HOLD THE OWNERS, PRINCIPALS, DIRECTORS, OFFICERS, EMPLOYEES, REPRESENTATIVES AND AGENTS OF HOOP STARZ HARMLESS FROM ANY AND ALL DUES, COSTS, CLAIMS, INJURIES, DAMAGES, AND LIABILITIES, SUSTAINED AND/OR RESULTING FROM ANY SUCH USE OR ACT OF ANY PRINCIPAL, DIRECTOR, OFFICER, EMPLOYEE, REPRESENTATIVE OR AGENT OF THE OWNERS.

REQUIRED SIGNATURE:	RELATIONSHIP TO APPLICANT:
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HOOP STARZ REGISTRATIONS
NEW YORK SPORTS CLUB
1150 ROUTE 17 NORTH
RAMSEY, NJ 07446
201-327-3407