

PARIS WAY LEARNING CENTRE PLAYER REGISTRATION FORM/ LIABILITY FORM

Once completed, please send to: theparisway2019@gmail.com

Week of Attendance (1 or 2): _____

Name of Player: _____ Phone: _____

Address: _____ City: _____

Zip/Postal Code: _____

Email: _____ Birth date: _____

Height: _____ Weight: _____

Position: _____ Shoots (Right or Left) _____

Last Team Played For: _____

Emergency Contact Name and Phone Number: _____

Jersey Size Options:

S M L XL (CHILD / ADULT) (*please **BOLD** or **Highlight** one of these options)

(to confirm all of this information please state name and sign below)

Name Parent or Legal Guardian: _____

Parent or Legal Guardian Signature: _____

Player Signature: _____

Payment Information

Registration payments are to be made through our Player Advisor Partners

3 Star Sport Management via PayPal at:

Michael Collier

michael.collier1@bellaliant.net

Please fill out and complete our Liability Waiver on the following page

This Liability Waiver has been signed this day of

Date: _____

by

Name of Player and or Legal Guardian

Signature of Player and or Legal Guardian

who acknowledges and agrees to the terms below:

THE PARIS WAY LEARNING CENTRE TERMS AND CONDITIONS

**I (name of player and or legal guardian) _____ hereby
agrees to waive his/her right and claim.**

**From this point forward, The Paris Way Learning Centre will not be held liable/
responsible for any accident, illness, injury or death during camp.**

For more info, contact - John Paris Jr. +1-817-716-9046

theparisway2019@gmail.com

Don't hesitate to contact us if you have a question