



In the Zone Registration Form

To register: Complete application and mail with payment to **In the Zone**
6870 Chrisphalt Drive, Bath, PA 18014

Class/Camp/Event _____ Date _____

Name _____ Parents' Names _____

Age _____ M / F Team/School _____

Address _____

E-mail _____ Phone _____

Position/sport and experience level _____

Emergency Contact Information: _____

Consent and Waiver:

I certify that my son/daughter _____

has had a physical examination by a licensed physician within the last year and is in adequate physical condition for participation in athletics.

In my, or another legal guardian's absence, I authorize the staff of In the Zone to act for me to their best judgment in situations requiring first aid or medical attention.

I understand participation in athletics has certain inherent risks and assume responsibility for those risks. I waive and release In the Zone and those teaching/assisting/coaching in the program from any and all liability for any injury my child might incur while participating in the training program. I also understand that I am responsible for payment of medical bills associated with any injury incurred while at In the Zone.

Signature of Parent/Guardian

Date