



Crossover Sports Academy

www.crossoversportsacademy.com

I would like to register for the following program/s:

- Monday Basketball Ages 8 - 13 Sept 8th - Dec 15th (4:00 - 5:30) \$395
- Wednesday Jr. Baseball Ages 5 - 7 Sept 10th - Dec 17th (4:00 - 5:30) \$395
- Friday Baseball Ages 8 - 13 Sept 12th - Dec 19th (6:00 - 7:30) \$395
- Monday Basketball Ages 8 - 13 Jan 5 - April 13th (4:00 - 5:30) \$395
- Wednesday Jr. Baseball Ages 5 - 7 Jan 7th - April 15th (4:00 - 5:30) \$395
- Friday Baseball Ages 8 - 13 Jan 9th - April 17th (6:00 - 7:30) \$395

Name _____ Age _____ Date of Birth _____

Address _____ Apt. _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail Address (print clearly) _____

Parent's Names _____

Parent Signature _____

Please note: Registration fees are not refundable

Release Statement

I, the parent/guardian of _____, do hereby give my approval for him/her to participate in any and all activities of Horton's Crossover Sports, and agree to abide by all rules and regulations of the institution. I assume all risks of injury, illness, or death. I do hereby waive, release, absolve, indemnify, and agree to hold harmless Horton's Crossover Sports (including it's officers, directors, employees, and affiliates) from any and all claims or causes of action in connection with my child's participation in any of Horton's Crossover Sports' activities.

I acknowledge that I have carefully read this "waiver and release" and fully understand that it is a release of liability. By signing this release, I acknowledge that I understand it's content and that this release cannot be modified orally.

Signature of Parent/Guardian _____ Date _____

Mail to:

Crossover Sports Academy
304 West 117 St
Suite 5D
New York, NY 10026



Crossover Sports Academy

www.crossoversportsacademy.com

Name _____ Age _____ Date of Birth _____

Address _____ Apt. _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail Address (print clearly) _____

Notify in case of an emergency:

1) _____ Relationship: _____

Phone: _____ Phone: _____

2) _____ Relationship: _____

Phone: _____ Phone: _____

Person/s authorized to pick up:

_____ Relationship _____

_____ Relationship _____

My child _____ has permission to leave the premises unescorted by an adult

Circle one YES NO

Release Statement

I, the parent/guardian of _____, know of no reason to restrict my child's activities and do hereby give my full permission for him/her to participate in any and all activities of Crossover Sports Academy, and I agree to abide by all rules and regulations of the institution. I assume all risks and hazards incidental to such participation in these activities, and I do hereby waive, release, absolve, indemnify, and agree to hold harmless Crossover Sports Academy, it's officers and directors, the organizers, sponsors and supervisors, from any claims arising out of an injury to my child/dependent.

Parent's Name _____ Parent's Signature _____

If you have any questions please feel free to contact us at
info@crossoversportsacademy.com or 212.864.0586