



Mastic Sports Club

PO Box 225, Mastic, NY 11950
(631) 399-3550

MEMBERSHIP APPLICATION

www.masticsportsclub.com

OFFICE USE ONLY

Cash _____

Check # _____

Amount **FREE** _____

REGISTRATION AND INSURANCE FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE

Child's Name _____ Sex M / F

Address _____

Town _____

Home Phone _____ Cell Phone _____

Sport **MSC Kyle Sports for Special Needs Saturday Program** Date of Birth _____ Age _____

Comments _____ Email _____

I/We the parent(s) of the above child, hereby give my / our consent for participation in the above activity and clam that he / she is in perfect physical condition to participate in said activity.

Furthermore I / We the parent(s) of the above candidate for a position on a league team, hereby give my / our approval to his / her participation in all league activities during the current season. I / We assume all risks and hazards incidental to such participation including transportation to and from the activities and I / We do hereby release, absolve, indemnify and agree to hold harmless Mastic Sports Club, the organizers, sponsors, supervisors, participants, and persons transporting my / our son / daughter to or from activities for any claim arising out of any injury to my / our son / daughter, except to the extent and in the amount covered by accident or liability insurance.

By signing this for you acknowledge that you have read and agree to the Mastic Sports Club Zero Tolerance Policy printed on the back of this form.

Shirt	YS <input type="checkbox"/>	YM <input type="checkbox"/>	YL <input type="checkbox"/>	
	AS <input type="checkbox"/>	AM <input type="checkbox"/>	AL <input type="checkbox"/>	A XL <input type="checkbox"/>

Parent Print Names _____ Do you have an interest in Coaching Yes / No

Parent(s) Signatures _____ Date _____

Note: THERE WILL BE AN ADDITIONAL FEE FOR RETURNED CHECKS