



Mastic Sports Club

PO Box 225, Mastic, NY 11950
(631) 399-1550

MEMBERSHIP APPLICATION PLEASE PRINT CLEARLY

OFFICE USE ONLY

Cash

Check #

Amount

Team

FREE

For additional information or online registration go to www.masticsportsclub.com

Child's Name _____ Sex M / F

Address _____

Town _____ Zip _____

Home Phone _____ Cell Phone _____

Sport **Kyle Sports** Date of Birth _____ Age _____

Comments **Special Needs** Email _____

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

I / We the parent(s) of the above child, hereby give my / our consent for participation in the above activity and claim 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 form you acknowledge that you have read and agree to the Mastic Sports Club ZERO TOLERANCE POLICY printed on the back of this form.

Basketball / Baseball / Softball Uniform				Soccer Uniform					
Youth <input type="checkbox"/>	Shirt	S <input type="checkbox"/>	M <input type="checkbox"/>	L <input type="checkbox"/>	Youth <input type="checkbox"/>				
Adult <input type="checkbox"/>	Pants	S <input type="checkbox"/>	M <input type="checkbox"/>	L <input type="checkbox"/>	Adult <input type="checkbox"/>	S <input type="checkbox"/>	M <input type="checkbox"/>	L <input type="checkbox"/>	XL <input type="checkbox"/>

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

Parent(s) Signature _____ Date _____

Note: THERE WILL BE AN ADDITIONAL FEE FOR ANY RETURNED CHECKS

"Working towards making a difference"
 Mastic Sports Club
 Kyle Sports for Special Needs Program
www.kylesportsforspecialneedsmsc.com

