

Please print, complete and provide this document to Matrix Sports Academy on the first day of the program



Matrix Sports Academy

Participation Application

2005/2006 Season

Please check the applicable program: Girls Indoor Field Hockey Girls Indoor Lacrosse

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Birth date: _____ Email: _____

Mother's Name: _____ Wk Phone: _____

Father's Name: _____ Wk Phone: _____

Emergency Phone: _____

In signing this application, I release Matrix Sports Academy and all other involved parties from any claims of responsibility for injuries suffered in the program(s) and on the premises during the program(s). I assume all risks associated with the participation of my child, even if arising from the negligence of the participants or other, and assume FULL responsibility for my child's participation. I certify that my child is in good physical condition and can participate in Matrix Sports Academy Program(s). Further, I authorize the site director to request medical treatment as necessary to ensure my child's well being.

Parent/Guardian _____ Date: _____

Health Insurance Provider: _____ Policy # _____

Matrix Sports Contacts
Sherry Kirk (410) 507-9168 laxfed@aol.com
Don Anthony (410) 349-4838 don@matrixsportsref.com

For other information visit www.MatrixSportsRef.com