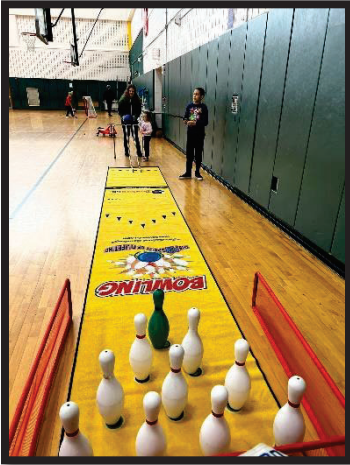




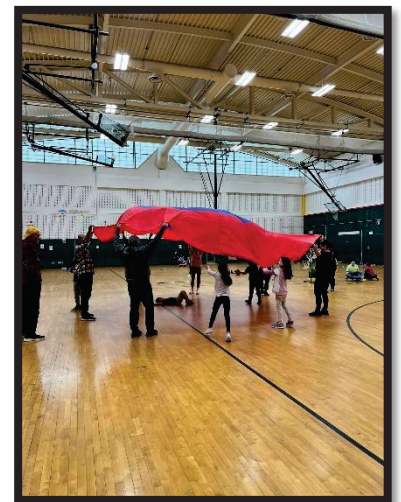
MSC KYLE SPORTS FOR SPECIAL NEEDS SATURDAY PROGRAM Registration is FREE



MSC Kyle Sports for Special Needs Saturday Inclusion Sports Program for Children with Special Needs & Disabilities ages 3 and up. Program will be held at William Floyd Middle School Gym, 630 Moriches Middle Island Road, Moriches. Program will be from Noon to 2:00 pm. Registrations and waivers must be filled out prior to participation. All future dates will be posted on our Facebook page Mastic Sports Club Kyle Sports for Special Needs and on our webpage under event calendar, www.msckylesportsforspecialneeds.com



Come and enjoy the adaptive bowling lanes, adaptive basketball, hockey, scooters and much more.



For more information and to request registration forms and waivers please contact

Debbie Metz, Commissioner of Special Needs 631-767-4354 debbiemetz23@gmail.com

Ann-Marie Ray, Admin 631-445-1225 nea71996@gmail.com

Kyle Meier, Adaptive Program Director 631-448-9435 kylemeier1604@gmail.com



Participant Waiver, Release of Liability and Indemnity Agreement

I, the undersigned, acknowledge, agree and understand that:

- 1. Voluntarily and of my own free will elect to participate in MSC Kyle Sports and AMBUCS LI. Furthermore, I agree that I am in good health and proper physical condition to participate.
2. I understand that there are certain risks and hazards involved in participating and that may result in injury or death to me or other players including, but not limited to those hazards associated with, playing conditions, equipment and other participants.
3. I understand that the very nature of the Participation is hazardous and risky, including, but not limited to the acts of running, jumping, stretching, sliding, diving, skating and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and other players.

Further, I undersigned Participant, agree that in consideration for the right to participate in the MSC Kyle Sports and AMBUCS LI and in consideration for permission to Participate:

- 1. I voluntarily elect to accept and assume all risks and injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated. (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and (c) while on or upon the premises of any and all of the ice arranged for by my team or league for practice or play.
2. I hereby release, discharge and agree not to sue any owners, officers, agents, servants, associations, employees or any person or entity connected with MSC Kyle Sports and AMBUCS LI for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS WAIVER RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Name of Participant (Print) Phone

Address

Signature of Participant (if 18 years old) Date

Parent/Guardian/Caretaker Waiver, Release of Liability and Indemnification Agreement

I, the undersigned parent/guardian/caretaker of the above named minor, acknowledge, agree and understand that:

- 1. The above named minor is in good health and proper physical condition to participate in MSC Kyle Sports and AMBUCS LI.
2. There are certain risks and hazards involved in the above named minor participating in MSC Kyle Sports and AMBUCS LI that may result in injury or death to the minor or other players including, but not limited to those hazards associated with playing conditions, equipment and other participants.
3. I hereby release, discharge and agree not to sue any owners, officers, agents, servants, associations, employees, or any person or entity connected with MSC Kyle Sports and AMBUCS LI for any claim, damages costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by the above named minor from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.
4. I, the undersigned, do hereby grant permission to the MSC Kyle Sports and AMBUCS LI to use images of my child. Such use includes the display or use of photography or videos taken of my child for the use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, and digital images such as those on MSC Kyle Sports and AMBUCS LI web site. I give unrestricted permission for my child's image to be used in print and digital media. I agree that these images may be used by the MSC Kyle Sports and AMBUCS LI for a variety of purposes and that these images may be used without further notifying me.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS WAIVER RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Name of Parent/Guardian/Caretaker (Print) Phone

Address

Signature of Parent/Guardian/Caretaker Date

MSC KYLE SPORTS FOR SPECIAL NEEDS



**INCLUSION SPORTS FOR EVERY
CHILD WITH SPECIAL NEEDS
AND DISABILITIES**

debbiemetz23@gmail.com

631.767.4354

www.msckylesportsforspecialneeds.com



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