

Clinic Registration Form



Location: THE CAGE – Sports Development Center

Clinic Name _____

Player's Name: _____

Parent's Cell Phone #: _____

Parent's Email: _____

Age: _____

Please complete above registration & make checks payable to:

The Cage Sports Development Center

Register in person at:

THE CAGE – Sports Development Center

419 Osborn Ave. Riverhead, NY 11901

Or Email to thecagesports@aol.com

Conditions of attendance: In consideration of The Cage Sports Development Center allowing my child to attend, I (we), individually and as legal guardian(s) (and/or) parent of: _____ (Child's Name) a minor, ("my child"), do hereby release, discharge, indemnify and hold harmless The Cage – Sports Development Center LLC. and its owners, directors, officers, employees, agents, successors, and assigns from and against, and waive any and all claims or liabilities for, any injuries, losses or damages, including without limitations, injuries to my child, myself and/or property, arising out of or incident to my child's participation in The Cage Sports Development Center's clinic to act for me according to their best judgment in any medical emergency for my child. I also agree to be added to The Cage email list for future specials, programs, camps/clinics and leagues.

Date: _____ **2024**

Parent / Legal Guardian's Signature _____