



Program Registration

September 3, 2008 - October 24, 2008

Child's Name: _____

Parent/Guardian's Name: _____

Phone: _____ Emergency Phone: _____

Address: _____

E-mail: _____

Child's Date of Birth: _____ Age: _____

Gender: _____ Allergies: _____

Available Days and Times:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Wednesdays 11am | <input type="checkbox"/> Thursdays 10am | <input type="checkbox"/> Fridays 11am |
| <input type="checkbox"/> Wednesdays 1pm | <input type="checkbox"/> Thursdays 11am | <input type="checkbox"/> Fridays 1pm |
| | <input type="checkbox"/> Thursdays 12pm | |
| | <input type="checkbox"/> Thursdays 1pm | |

Total Cost for 8-Week Program - \$100

(Please select Payment Method)

- Cash
- Check
- Credit Card

Type: _____

Number: _____

Exp: _____

*To sign up or learn more about the CATZ-Kids program, please contact Jeanne Harte at
jharte@catzsports.com or 781-254-8076*

Release of liability/Acknowledgment of Risk:

Upon entering events sponsored by CATZ, I/We understand and appreciate that participation or observation of the sport constitutes a risk to me/ us of all personal injury. I/We voluntarily and knowingly recognize, accept, and assume this risk and release CATZ, its affiliates, their sponsors, event organizers and officials from any liability therefore.

Signature of Parent/Legal Guardian _____ Date: _____