

ELITE SKILLS ACADEMY

Player Registration Form

Player Name _____ Parent Name _____

Address _____ City _____ State _____

Parent Email address _____ Parent Cell _____

Grade _____ School _____

AAU Travel Team _____ Age Group _____

I, the undersigned, submit that my son/daughter is physically fit and able to participate in strenuous activity and hereby waive Elite Sports Events & Jason Riccitelli of all responsibility for illness or injury sustained. I hereby authorize camp directors to act on my behalf in their best judgment in any emergency medical situation. I understand I am solely responsible for payment of any such medical expenses and must provide Elite Sports with proof of medical and accident insurance. **I understand that my payment is non-refundable, non-transferable under any circumstances, including injuries sustained, conflict of schedule and illness.** Also products can not be given in lieu of any refunds. I also understand that any camper who does not abide by camp facility rules or regulations is subject to dismissal without refund or recourse.

Parent Signature _____ Date _____

Please check off the Skills Academy Session:

_____ April 16-17 @ New Haven Field House
_____ May 21-22 @ New Haven Field House
_____ May 28-29 @ New Haven Field House
_____ June 11-12 @ University of New Haven

- Facilities are subject to change based on enrollment

Cost for each 2 day (4 hour) session is \$150/player

Please mail in payment in the amount of \$150.00 payable to Elite Sports to P.O. BOX 2852. Meriden, CT 06450.