



# Registration

Send your completed form with payment to: Empire State Sports Council, 641 Grooms Rd. Suite 190, Clifton Park, NY 12065 or Fax to: 406-5479, or Email to: lisa@essportscouncil.org.

## REGISTRATION INFORMATION

Male  
 Female

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Team \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age on Meet \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (include area code) \_\_\_\_\_

Email Address \_\_\_\_\_

## EMERGENCY CONTACT

Contact's Name \_\_\_\_\_

Contact's Phone Number \_\_\_\_\_

**TOTAL AMOUNT AUTHORIZED or ENCLOSED \$**

Card Provider (Visa or Master Card)  Exp Date

Credit Card Number  3 digit CSV Code

**I Accept.**

**By checking this box, I confirm that the Athlete and Parent/Guardian accept all rules and regulations as well as authorize this transaction by Liberty Group. I understand that if the total registration cost I have submitted in the field above labeled "registration amount" is incorrect, I will be billed the proper amount for my registration without further notification.**

**WAIVER**

In consideration of your acceptance of my entry, I hereby for myself, my heirs, executors, administrators and assigns, waive all claims to damages which I might have against Empire State Sports Council, their Board of Directors and staff, event officials, volunteers and site entities for any and all injuries suffered by me at said events.

Entrant: \_\_\_\_\_ Date \_\_\_\_\_

If under 18 years, Parent or Guardian:

\_\_\_\_\_