



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 _____

EVENT SELECTION

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

Event Limits

- 12 and under - 3 events
- 13-18 - 4 events
- Open/Masters - 5 events

Limits do not include participating in relays.

MEET SELECTION (Check One or More Boxes)

- Christmas Rush
- January Thaw
- February Frost
- Adirondack Championships
- Rising Stars Spring Clinic

FEES

Youth (18 and younger)- \$10 per meet
 Adult (19 and older) - \$25 per meet
 LATE or DAY OF MEET registration incurs an additional \$10 fee

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. I understand there will be no refunds for my not attending for any reason.

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: _____