

## Spring 2010 Ultimate Frisbee - Registration Form

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Date of birth

Age

Grade in school

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Name

School Attending

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E-mail:

### **Emergency Information**

**Contact Name:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

**Insurance Provider:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

I give my permission for \_\_\_\_\_ to participate in the After-School Ultimate Program that will be held at the February 9th through March 24<sup>th</sup>, 2010 Classes meet from 2:48pm - 4:15pm on the Zilker Elementary Playground. No meeting on March 17, respecting AISD Spring Break

I understand that Texas, Ultimate! does not provide accident and hospitalization insurance, and there is some inherent risk or danger in participating in Ultimate activities. I do not hold Texas, Ultimate! liable for accident or injury resulting from participation in the after school program.

Further, I give Texas, Ultimate! permission to use my child's image in it's promotional materials including, but not limited to our website. I understand my child's name will never be used in conjunction with their image.

**Cost is for the session is \$65 per player. Each player receives an Ultimate disc at the end of the session.**

Mail completed registration and payment to: Texas, Ultimate! PO Box 3567 Austin, TX 78764-3567 or bring paperwork to the first class meeting. **Checks may be made to TEXAS, Ultimate!**

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Signature of Parent/Guardian

Date