



2010 Summer Sports Camp Enrollment Form

To enroll your child in our Summer Sports Camp, please fill out this form and return with full payment (check payable to Silver Creek Sportsplex) to:

Summer Sports Camp
Silver Creek Sportsplex
800 Embedded Way, Suite 10
San Jose, CA 95138

You may also submit this form by email or by fax (408-226-6112). Payment may also be made by credit card over the phone (408-226-6111) or in person.

Camper Information

First & Last name: _____ DOB (MM/DD/YY): ____/____/____ [] M [] F
T-Shirt size: () youth small () youth medium () youth large
() adult small () adult medium () adult large

Parent/Guardian Information

Parent/Guardian Name _____
[] Mother [] Father [] Legal Guardian Date of Birth: ____/____/____
Day Phone #: _____ - _____ - _____ Evening Phone #: _____ - _____ - _____
Cell Phone #: _____ - _____ - _____ Email _____
Address _____
City _____ State: _____ Zip Code _____
Emergency Contact _____ Emergency Contact # _____

Do you give permission for your child to walk to Shady Oaks park (10 min)? () Y () N

Signature of parent/guardian: _____ or Initials if submitting online _____

Medical insurance company & card #: _____

Preferred hospital in case of emergency: _____

How did you hear about our camp?

() Television () Bay Area Parent () Attended last year () WAVE Magazine
() Web site () Community Event () at Silver Creek Sportsplex () Sharks Magazine
() From a friend () Radio () Other _____

Please note:

- Camp sessions fill quickly. Enroll early so you won't be disappointed!
- We cannot hold your reservation until we receive your payment in full.
- Cancellation policy:
 - 21+ days prior to first day of camp: \$50 cancellation fee.
 - 15-21 days prior to first day of camp: 50% cancellation fee.
 - We cannot provide refunds for cancellation less than 15 days prior to the first day of camp.

Camp Options	Cost per week		Week starting							
	Member	Non-member	6/21	6/28	7/6	7/12	7/19	7/26	8/3	
STEP 1: Select full day or half day camp. Note age limits are different for full day & half day.										
Full day - 5 day week (age 7-13) 9:00 - 4:00	\$275	\$300	[]	[]	not available	not available	[]	[]	not available	
Half day - 5 day week (age 6-14) 9:00 - 12:00	\$150	\$175	[]	[]	not available	not available	[]	[]	not available	
Full day - 4 day week (age 7-13) 9:00 - 4:00	\$220	\$240	not available	not available	[]	[]	not available	not available	[]	
Half day - 4 day week (age 6-14) 9:00 - 12:00	\$120	\$140	not available	not available	[]	[]	not available	not available	[]	
STEP 2: Select your sport (for morning training, scrimmages, etc.)										
Soccer	included	included	[]	[]	[]	[]	[]	[]	[]	[]
Roller Hockey ** Must be able to skate	included	included	[]	[]	[]	[]	not available	[]	[]	
Roller Hockey - Goalie	included	included	[]	[]	[]	[]	not available	[]	[]	
Baseball	included	included	[]	[]	[]	[]	[]	[]	[]	[]
STEP 3: If desired, select optional afternoon classes. FULL DAY CAMPERS ONLY.										
Swimming Lessons 30 minute lessons, 4 days/week	\$90	\$90	[]	[]	not available	not available	[]	[]	not available	
STEP 4: If desired, select before/after care:										
Before care (8:30 - 9:00)	\$25	\$25	[]	[]	[]	[]	[]	[]	[]	[]
After care (4:00 - 4:30)	\$25	\$25	[]	[]	[]	[]	[]	[]	[]	[]

Payment:

Sibling discount: First sibling full price; \$25 discount each week for each additional sibling.
Total amount enclosed: _____ Please make check out to Silver Creek Sportsplex.
(You may pay by credit card in person or by phone; call 408-226-6111.)

Thank you! We will contact you shortly to confirm your child's enrollment.

For office use only	PAID IN FULL by: () Credit Card () Check # _____
	MEMBER ID# _____



Date: ____/____/____

OFFICE USE ONLY
Member ID _____

Membership/Release Form

Please print clearly. ALL fields are required.

Program/event you are participating in: _____

PARTICIPANT: (you may list two IF they are siblings, both under the age of 18, reside at same address, AND you are parent/legal guardian of both)

First & Last name: _____ Date of Birth (MM/DD/YY): ____/____/____ [] Male [] Female

First & Last name: _____ Date of Birth (MM/DD/YY): ____/____/____ [] Male [] Female

If participant is under 18:

Parent/Guardian name: _____ [] Mother [] Father [] Legal Guardian Date of Birth: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone #: _____ - _____ - _____ Evening Phone #: _____ - _____ - _____ Cell Phone #: _____ - _____ - _____

Email: _____

If purchasing/renewing membership:

Membership duration: [] Year (\$99) [] Tournament (\$7) Do you have a sibling that is a member? [] Yes [] No

IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN ANY PROGRAM, RELATED EVENTS, AND ACTIVITIES ("PROGRAM") AT SILVER CREEK SPORTSPLEX ("FACILITY"), THE UNDERSIGNED ("PARTICIPANT") UNDERSTANDS, ACKNOWLEDGES, AND AGREES AS FOLLOWS:

1. The risk of serious injury arising from participation in the Program is significant, including the potential for permanent paralysis and death. Participant represents and warrants that Participant has no physical limitations that would prevent Participant from participating in the Program. Program rules, equipment and personal discipline may reduce the risk of injury; however, there may be risks and dangers not currently known or foreseeable arising from participation in the Program.

2. Participant KNOWINGLY AND FREELY ASSUMES ALL RISKS, both known and unknown, and whether or not such risks are foreseeable, in connection with participation in the Program. EVEN IF SUCH RISKS ARISE FROM THE NEGLIGENCE OF THE PARTICIPANT, RELEASEES (defined below) or others, Participant assumes the risk of injury or death and takes full responsibility for participation in the Program. 3. Participant willingly agrees to comply with the stated and customary terms and conditions for participation ("Rules") and to bring to the attention of the nearest official any violation of such Rules by any third party.

4. Knowing and understanding the risks inherent in participation in the Program, Participant, on behalf of himself or herself, and for Participant's heirs, executors, administrators, beneficiaries, successors, assigns, personal representatives and next of kin, HEREBY RELEASES AND AGREES TO INDEMNIFY, DEFEND, AND HOLD HARMLESS MRZ LLC, doing business as Striker's Den, Rollin' Ice, Mighty Cubs, LOL Parties, ProShop Go, and Silver Creek Sportsplex, its members, officers, officials, agents, and/or employees, other participants, Silver Creek Sportsplex, their affiliates, sponsoring agencies, sponsors, advisors, and if applicable, as well as owners and lessors of the premises used to conduct the Program ("RELEASEES") from and against any claims arising from or with respect to ANY AND ALL INJURY, DISABILITY, DEATH, loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. PARTICIPANT SHALL NOT BRING ANY CLAIM AGAINST RELEASEES which claims concern or are connected in any way with death, injury, damage or loss arising from Participant's involvement in the Program, whenever or however they occur. In connection with such RELEASE, Participant hereby waives the protection of California Civil Code Section 1542, which reads as follows:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR.

5. PARTICIPANT (OR IF PARTICIPANT IS A MINOR, PARTICIPANT'S PARENT OR LEGAL GUARDIAN) HAS READ, UNDERSTANDS AND AGREES TO THE RELEASE OF LIABILITY, INDEMNIFICATION AND ASSUMPTION OF RISK PROVISIONS CONTAINED HEREIN. PARTICIPANT FULLY UNDERSTANDS SUCH TERMS AND PROVISIONS, AND ACKNOWLEDGES THAT BY SIGNING THIS DOCUMENT, CERTAIN SUBSTANTIAL RIGHTS HAVE BEEN GIVEN UP. EXECUTION OF THIS DOCUMENT IS REQUIRED FOR PARTICIPATION IN THE PROGRAM, HOWEVER, THIS DOCUMENT IS SIGNED FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

6. Parent/Guardian Authorization/Medical Release: Participant has my permission to participate in the Program. In the event of an emergency and in the event that I cannot be reached, I hereby give permission to the Facility staff to secure emergency transportation, including hospitalization, at my expense, to any hospital, and to authorize treatment of Participant. I understand that if Participant fails to follow the Rules, uses inappropriate language or displays inappropriate behavior, as determined by the Facility staff, Participant may be DISMISSED FROM THE PROGRAM, permanently or temporarily, WITH NO REFUND. Any image or likeness of Participant is used by MRZ LLC for promotional purposes with full permission of Participant.

Authorization:

Signature of participant, or if participant is under 18, signature of parent/legal guardian as listed above.

IF SUBMITTING BY EMAIL, you may sign electronically on the line above or check the box and initial below:

[] I agree with the above terms. Initial: _____ Initials of participant or, if participant is under 18, parent/legal guardian listed above.

How did you hear about Silver Creek Sportsplex? (Please check all that apply)

- [] TV (station/show: _____) [] Radio (station: _____) [] WAVE Magazine [] Bay Area Parent [] Yelp
- [] I'm a Club One member [] Attended a party/event at the plex [] Sharks magazine [] School/community event [] Internet search
- [] School flyer [] Direct mail [] Friend (Please tell us who, so we can thank them!) _____