



Adirondack Sports Complex
 326 Sherman Ave.
 Queensbury, NY 12804
 (518)743-1086, (518)743-1247 fax
 thedome@adksc.com

Individual Registration Form

rev. 11/03/09

**Please remit Registration and Waiver Forms along
 with Payment-In-Full for your registration to be accepted.**

Participant Information:

Date: _____

First Name _____		Last Name _____		Age _____	DOB: _____
Address _____				<input type="checkbox"/> Male	<input type="checkbox"/> Female (Please check one)
City _____		State _____		Zip _____	
Home Phone _____		Work Phone _____		Cell Phone _____	
Email - Home _____			Email - Work _____		
Emergency Contact Name _____			Phone Number _____		

Parent or Guardian Contact Information:

First Name _____		Last Name _____		
Address _____				
City _____		State _____		Zip _____
Home Phone _____		Work Phone _____		Cell Phone _____
E-Mail - Home _____		E-Mail - Work _____		

Program or League Selection Information:

Program/League Name _____		Sport _____		<input type="checkbox"/> Male	<input type="checkbox"/> Female (Please check one)
Program Type: (please circle) <input type="checkbox"/> League or <input type="checkbox"/> Clinic		Session _____		Age Group (i.e. U10, U12, etc.) _____	
Clinic Number _____	Team Name (if applicable) _____		Skill Level:		Beginner Intermediate Advanced
T-Shirt Size _____		Individual Instruction – Number of Sessions (if applicable) _____			

I agree to remit the payment-in-full of the registration fee, and any additional amounts due, prior to the start of my first game or session. 50% of my payment-in-full will be forfeited if I am unable to provide the Adirondack Sports Complex with completed Official Waiver and Registration Forms or if I withdraw from the Session, Program, or Clinic. The remainder of the fee will be held as credit.

Print Name _____ Signature _____ Date _____

Credit Card # _____ Security Code _____ Expiration Date _____ Total \$ _____

For Adirondack Sports Complex use only. Reservation processed by: _____		Waiver on file? _____	
Payment \$ _____	+ _____ ID	Date ____/____/____	Method: cash check # _____ credit (type) _____
Balance Due \$ _____	Date ____/____/____	Method: cash check # _____	credit (type) _____

_____ entered in TCMS