

**WHO WANTS TO PLAY HAPPYFEET SOCCER?!!**  
**AND HOORAY FOR HOOPS BASKETBALL?**  
**AND MASTER THE OBSTACLE COURSE IN**  
**FIT KIDS AGILITY & BALANCE BONANZA?**  
**AND HAVE AN OVERALL AMAZING TIME**  
**WHILE GETTING YOUR FITNESS ON WITH OUR**  
**WONDERFUL, ENGAGING & INCREDIBLY FUN COACHES**  
**AND TIC TEACHERS?!!**  
**JOIN US FROM 9:00 am – 12:00 noon**  
**ON 4 MORNINGS, JUNE 14, 15, 16, 17 IN THE TIC GYM!**

**FROM YOUR FRIENDS AT HAPPYFEET SOCCER ...**  
**INTRODUCING A WONDERFUL JUNE MINI-CAMP RUNNING FOR 4**  
**MORNINGS AT TIC BETWEEN THE END OF SCHOOL & START OF CAMP --**

## **HappyFIT Multi-Sport Fitness & Fun**



**HappyFIT Multi-Sport Fitness & Fun offers young campers a rotation**  
**of our exuberant, action-packed programs including:**

**HappyFeet Soccer, Hooray For Hoops Basketball**

**Fit Kids Agility & Balance Bonanza,**

**Kool Kicks Kickball, Run For Fun Relay Races!**

**AND MUCH MORE!!!**

**Muscles get worked, gross motor skills improve, as does overall fitness strength.**

**We provide children with an amazing upbeat learning, fitness & fun experience!**

**PLUS GIGGLES GALORE!!!**

**YOUR CHILDREN WILL BE ACTIVE, LEARNING, LAUGHING, SOCIALIZING, GETTING A WONDERFUL FITNESS WORKOUT**  
**AND HAVING A HUGE AMOUNT OF FUN!!! OPEN TO ALL TIC FAMILIES IN THE 2's, 3's & 4's!**

**AND, BASED ON REGISTRATION, WE WILL HAVE 1 OR MORE TIC TEACHERS WORKING WITH OUR COACHES EACH MORNING OF**  
**CAMP AS WONDERFUL FAMILIAR FACES FOR THE CHILDREN.**

## HAPPYFIT MULTI-SPORT FITNESS & FUN JUNE MINI-CAMP AT TEMPLE ISRAEL CENTER – JUNE 2016

Name \_\_\_\_\_ [ ☐ ] Male [ ☐ ] Female Date of Birth \_\_\_\_\_

Parents' Names \_\_\_\_\_ Child's Age \_\_\_\_\_

Best Phone Number: \_\_\_\_\_ Email Address \_\_\_\_\_

**HAPPYFIT JUNE MINI-CAMP RUNS FROM 9:00 am – 12:00 noon EACH MORNING  
CHILDREN WILL ENJOY A MID-MORNING SNACK BROUGHT FROM HOME &  
WILL GO HOME FOR LUNCH – TIRED & HAPPY!!!**

**Tuesday through Friday, June 14, 15, 16, 17: \$299**

PAYMENT METHOD: [ ☐ ] Check (to HAPPYFIT CAMP) [ ☐ ] Credit Card AMOUNT TO CHARGE \_\_\_\_\_

Credit Card Type & Number: \_\_\_\_\_ Exp Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Registrations should be E-mailed to: [nan@happysoccerfeet.com](mailto:nan@happysoccerfeet.com) or dropped in the TIC school office.

**ALL REGISTRATIONS MUST BE ACCOMPANIED BY SIGNED PERMISSION SLIP/WAIVER BELOW. NO CHILD WILL BE ALLOWED TO PARTICIPATE WITHOUT SIGNED PERMISSION SLIP ON FILE. FOR MORE INFORMATION: 914-401-1720 or email [nan@happysoccerfeet.com](mailto:nan@happysoccerfeet.com); no refunds after program starts; sorry but no make-up classes available.**

### HAPPYFIT JUNE MINI-CAMP AT TEMPLE ISRAEL CENTER/Permission Slip & Waiver

I, the undersigned parent or legal guardian of the below-named Participant, a minor, on behalf of myself, Participant and our heirs, assigns and next of kin, hereby agree as follows: EMERGENCY AUTHORIZATION: I hereby authorize each of the coaches, team parents, and/or other employees and/or officials and/or directors and/or owners of Idaho Studios, Inc., HappyFeet/Metro NY Legends, HappyFIT organization and/or it's related companies (Herein after referred to collectively as "The Company"), to act as my agents in the capacity of activity supervisors, and I authorize each of them as well as the below-identified Emergency Contact to consent to medical, surgical or dental examination and/or treatment.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I acknowledge that participation in sports and other youth programs necessarily involves play in adverse conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. I willingly and voluntarily accept and assume all such risk. I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND THE ACKNOWLEDGEMENT AND CONSENT AGREEMENT PRINTED BELOW. I FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND THE PARTICIPANT HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM FOR MYSELF AND ON BEHALF OF PARTICIPANT AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT. FURTHERMORE, I AGREE TO INFORM THE COMPANY IN A TIMELY MANNER IF ANYTHING ON THIS FORM OR ITS ATTACHMENTS CHANGES. I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and, if Participant or I observe any concern in Participant's readiness for participation and/or in the program itself, I will remove Participant from participation and bring such concern to the attention of the nearest official of The Company. In consideration of accepting the registration and permitting the voluntary participation of the Participant in programs of The Company, I hereby release, discharge and agree to hold harmless to the fullest extent permitted by law The Company, its players, employees, volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by The Company and the agents, employees, officers and directors of said persons or entities from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to any injury or other damage that may result to said Participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any events sponsored by The Company, including any physical or other injury caused by the negligence of any person or entity described above. I further acknowledge and accept that this Disclaimer, Assumption of Risk and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which participation takes place and agree that if any portion of this Disclaimer, Assumption of Risk and Waiver is deemed to be invalid, the remainder will continue in full legal force and effect. I also hereby give my permission for photography and/or videography of my child(ren)s activities related to The Company for public relations, advertising and marketing purposes. I agree that no compensation whatsoever will be due for my child(ren)s appearance in any such photography and/or videography and that all such images will be owned exclusively by The Company and no ownership rights whatsoever are conferred upon me or my child(ren). ACKNOWLEDGEMENT AND CONSENT I consent to such uses and hereby waive all rights to compensation.

Player's Name \_\_\_\_\_

Medical conditions Coach should know about \_\_\_\_\_

Parent / Guardian Name AND Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact/Phone Number \_\_\_\_\_