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<b><u>Spring 2014</u></b>	<b><u>Session 2</u></b>	<b><u>Cost</u></b>
<p><i>Class Dates:</i></p> <p><i>Wednesday Classes:</i>  <i>April 23, 30,</i>  <i>May 7, 14, 21, 28</i></p> <p><i>Saturday Classes:</i>  <i>April 26,</i>  <i>May 3, 10, 17, 24, 31</i></p>	<p><i>Premier Junior Golf Classes @ Off The Wall Sports for grades PK-5th!</i>  <i>No Rain-outs!</i></p>	<p><i>\$75 for 6 weeks</i></p>

**Please circle the class time  
 you would like to attend  
 (Each class is 50 min. long)**

<b>Wednesday</b>	<b>Saturday</b>
<p>4:30 pm (PK - K)          5:30 pm (1st - 5th grade)</p>	<p>9:00 am (PK - K)          10:00 am (1st - 5th grade)</p>

**All Equipment is provided!**

Child's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone #: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_ Gender: (Male/Female)

(for club selection) Height: \_\_\_\_\_ Right / Left Handed: \_\_\_\_\_

Email: \_\_\_\_\_

Credit Card Number (MC/Visa/Disc.): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Unless another form of payment has been received, this credit card will automatically be charged. You must be paid in full to register.

Waiver of Liability: I acknowledge that Off The Wall Sports, LLC may compile address labels and lists and may utilize photographs of the named individual. I consent to these uses of my name, address and likeness and hereby waive all rights to compensation for their use in the promotion and/or operation of Off The Wall Sports, LLC.

To induce Off The Wall Sports, LLC to accept registration and permit participation in Off The Wall Sports, LLC sports programs, I hereby give my consent and agree to release, indemnify and hold harmless Off The Wall Sports, LLC, its officers, officials, coaches, employees and representatives from any claim arising out of injury to the named individual. I also hold harmless Off The Wall Sports, LLC, its officers, officials, coaches, employees and representatives from and against any claim arising out of injuries or conditions caused by or aggravated by my refusal to obtain medical treatment based on religious or philosophical beliefs or otherwise.

I understand that as a participant in Off The Wall Sports, LLC sporting events that I must abide by all rules, regulations and philosophies of Off The Wall Sports, LLC.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_