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City of Rolling Hills Estates

Presents

Skyhawks Sports Programs

For General Information call:
(310) 377-1577 Ext. 100



For more information, course descriptions and what to bring visit www.skyhawks.com

Multi-Sport (Football, Track and Field, Volleyball)

Ages: 8-14

Dates: 7/9 - 7/13

Days: M-F

Time: 9:00am - 3:00pm

Location: Highridge Park

Address: 29035 Highridge Road

Course #: SSA71075

Fee: \$140

Ages: 8-14

Dates: 7/16 - 7/20

Days: M-F

Time: 9:00am - 3:00pm

Location: Highridge Park

Address: 29035 Highridge Road

Course #: SSA71076

Fee: \$140

Multi-Sport programs are structured through the Skyhawks progression. These programs are designed for the all-around player interested in sports and teach the fundamentals of several sports in an enriching and enjoyable atmosphere.

Participant-to coach ratio is approximately 12:1.



2007 Summer Registration

Don't Miss Out! Sign Up NOW! Programs Fill Quickly

Participant's Last Name _____ Participant's First Name _____ BirthDate ____-____-____ Age ____ Gender: M / F
Parent Last Name _____ Parent First Name _____ Email _____
Mailing Address _____ City _____
State _____ Zip _____ Home Phone (____) _____ Work Phone (____) _____ Ask For _____
Emergency Contact Name (Other than Parent) _____ Emergency Contact Phone (____) _____

PLEASE LIST THE PROGRAM(S) YOUR CHILD WILL ATTEND. Photocopy for additional children.

Course #	Sport	Date	Location	Fee
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I would like to donate to the Helping Hand Fund (Scholarship for low income child athletes) _____

Parents, please read and sign the Medical Consent and Release of Liability below to complete registration.

I, the undersigned parent/guardian of the individual named above, a minor, do hereby agree to allow the individual named herein to participate in the aforementioned activity and authorize the program directors and/or instructors as Agents for the undersigned to consent to Medical, Surgical and/or Dental Examination, in addition to any and all other Treatments that may be deemed necessary by medical personnel. It is understood that this activity involves an element of risk and a danger of accidents and knowing those risks I hereby assume those risks. In addition, I understand that by signing this agreement, I hereby release and discharge Skyhawks and City of Rolling Hills Estates from any and all liability resulting in injury associated with participant's participation in this activity. I agree that pictures taken during program hours may be used for future promotional purposes. In the absence of a parent/guardian's signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release. Skyhawks will not provide health and/or accident insurance for program participants. As the undersigned parent/guardian I understand that no confirmations will be mailed and no refunds will be given.

Signature _____ Print Name _____ Date _____

Make checks payable to: City of Rolling Hills Estates

Walk-in registration: 4045 Palos Verdes Drive North, Rolling Hills Estates, CA 902

For more information please call: City of Rolling Hills Estates: (310) 377-1577 Ext. 100 or Skyhawks: (800) 804-3509

What To Bring: All programs require participants to bring equipment or supplies; please visit www.skyhawks.com for what to bring, weather policy and additional programs. Remember to bring lunch, snack & water for programs over 4 hours and two snacks & water for programs 4 hours or less.



Skyhawks®

I am an *Athlete.*



1.800.804.3509
www.skyhawks.com