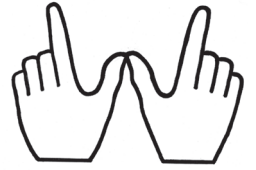


MR. W'S SPORTS LEAGUE



PO Box 318
Woodmere, NY 11598
(516) 506-9811
mrwsports@gmail.com

FALL 2011 ENROLLMENT FORM

Mr. W's Sports League, Inc., will conduct 8-week athletic programs for boys in grades 3-5 and girls in grades 4-5. The Fall 2011 program will feature weekly, hour-long touch football and/or basketball and/or volleyball contests.

The fee for the program will be \$250 for a first child, and \$225 for each additional sibling that a family enrolls in the program.

PARTICIPANT INFORMATION

Child's Name _____

Last

First

M.I.

Gender Male Female

Address _____
Street City Zip Code

Phone Number _____

Child's Grade _____

Child's Date of Birth _____

The League's Fall 2011 program will be held in the Life Clubs gymnasium, located at 235 Mill Street, Lawrence, New York 11559, (516) 239-4343. Sessions will be held during the following days and times:

- Mondays: 5:30 P.M. to 6:30 P.M.4th Grade Girls
- Wednesdays: 5:00 P.M. to 6:00 P.M..4th Grade Boys
- Wednesdays: 7:00 P.M. to 8:00 P.M..5th Grade Boys
- Thursdays: 5:00 P.M. to 6:00 P.M..5th Grade Girls
- Fridays: 2:30 P.M. to 3:30 P.M.3rd Grade Boys

Full payment is required upon submission of this Enrollment Form. Please make checks payable to Mr. W's Sports League, Inc. By submitting this completed and signed form, parent agrees to the "Terms of Enrollment" annexed hereto.

Parent's Signature _____

Date _____

ADDITIONAL INFORMATION

Father's Name _____

Mother's Name _____

Home Address _____
If Different From Child

Home Address _____
If Different From Child

Home Tel _____
If Different From Child

Home Tel _____
If Different From Child

Work Tel _____

Work Tel _____

Email Address _____

Email Address _____

EMERGENCY CONTACTS (other than parents)

NAME	RELATIONSHIP TO CHILD	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Physician's Name and Telephone

Allergies/Medical Conditions (if none, write "none")

I would prefer my child to be in the same session as:

1. _____

2. _____

Requests are not guaranteed. It is assumed that children are in the same grade and that requests are mutual.

TERMS OF ENROLLMENT

This enrollment is not valid unless signed by the parent or guardian of the enrollee and accompanied by the enrollment fee and a signed medical release and waiver form, and accepted by the President of Mr. W's Sports League, Inc. (hereinafter the "League"). Payments are refundable until the Fall 2011 sessions begin, but not thereafter. If a child, prior to the season, is unable to attend because of appropriately documented illness or injury all monies will be refunded. No refunds will be made for late arrival, early departure, or dismissal for cause. If there is insufficient enrollment for the League to field teams for a particular gender and grade level, all monies will be refunded to enrollees in that gender/grade level. Enrollment fees are agreed to be the reasonable amount as and for liquidated damages.

For the general welfare of all enrollees, the League reserves the unrestricted right to dismiss any enrollee whose conduct, in the opinion of the League's President, is inimical to the League's best interests. It is agreed that the venue for trial of any dispute that may arise to which the League, its employees, officers or agencies may be a party, shall be Nassau County, New York.

Parent understands that there is a risk of injury associated with his/her child's participation in the League's activities, knowingly and freely assumes all such risk, grants permission and assumes all responsibility for his/her child's participation in the League's activities. Parent further agrees to hold harmless the League, its directors, officers, agents, employees and other participants, from any and all liabilities incident to said child's involvement or participation in League activities.

In the event a parent cannot be reached in case of an injury or emergency affecting his/her child, permission is given to a physician selected by the League, to administer treatment to the child.

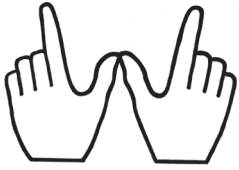
This contract constitutes the full understanding of the parties hereto and no change, modification or waiver of any terms will be effective unless in writing and signed by both parties.

In the event that this agreement is executed by one parent, the signer acknowledges that he/she is also acting as agent of the other parent with authority to enroll the child in the League and to execute this agreement on his/her behalf.

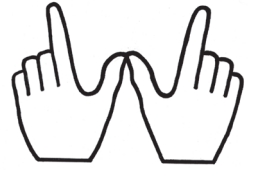
I have read this Enrollment Form and the Medical Release and Waiver Form, fully understand their terms, and sign them freely and voluntarily.

Parent's Signature

Date



ANNOUNCING THE FALL 2011 SEASON OF MR. W'S SPORTS LEAGUE



Mr. W is pleased to announce that enrollment has now begun for the Fall 2011 season of Mr. W's Sports League, Inc., which will be open only to his current or former gym students.

League activities will again be held at the Life Clubs gymnasium in Lawrence, New York, beginning in October. Each week's one-hour sessions will involve up to thirty boys or girls, competing within their age and grade levels. Mr. W will preside personally over each session, providing counseling and instruction in sportsmanship and athletic skills. The Fall 2011 program will feature touch football and/or volleyball and/or basketball for boys in grades 3-5, and for girls in grades 4-5.

The enrollment fee will be \$250 per child for an 8-week program, and \$225 per child for each additional sibling enrolled by a family. An Enrollment Form is attached for your convenience, along with a Medical Release and Waiver Form. Both forms must be filled out and signed by at least one parent, and returned along with the fee, in order to register your child for the Fall 2011 program. The completed forms should be mailed to:

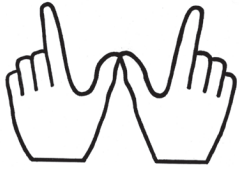
Mr. W's Sports League, Inc.
P.O. Box 318
Woodmere, N.Y. 11598

Mr. W looks forward to hearing from his students and greeting them at the Fall session's commencement in October. All communications or inquiries concerning the League should be directed solely to Mr. W, and only via the following phone number or e-mail address:

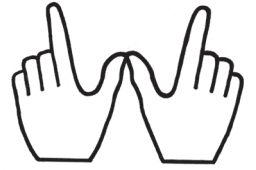
(516) 506-9811
mrwsports@gmail.com

Very truly yours,
Mr. W

DO NOT CONTACT MR. W'S SCHOOL FOR ANY REASON REGARDING ANY MATTER CONCERNING THE LEAGUE!



MR. W'S SPORTS LEAGUE



MEDICAL RELEASE AND WAIVER

No child will be permitted to participate in League activities without first having this Medical Release and Waiver executed by a parent and submitted to the League.

This is to certify that, as the parent(s) of _____, I/we hereby grant Mr. W's Sports League, Inc., permission to obtain medical care, at my/our expense, from any licensed physician, hospital or medical clinic, in the event that I/we cannot be contacted by telephone or in person.

Print Child's Name

In addition, I/we _____, the parent(s) of the above named child, hereby waive, release, absolve, indemnify and agree to hold harmless Mr. W's Sports League, Inc., its officers, employees, agents, and other participants, as well as Life Clubs of Lawrence, New York, and it's officers, employees and agents, for any and all claims arising out of any injury or illness to said child, resulting from the child's participation in any League activity.

Print Parent(s) Name(s)

Parent Signature _____

Date _____

Contact Phone Number _____

Parent Signature _____

Date _____

Contact Phone Number _____