



## Ultimate Frisbee at The Edge!

The wide open field and Pro-grass Turf field at The Edge are ideal for Ultimate Frisbee. Come check it out at one of two Ultimate Frisbee Nights in December.

**When:** Saturday, 12/15 and Saturday, 12/22 – games start at 7:00 P.M.  
**Where:** The Edge Sports Performance Academy, 9550 Ravenna Rd., Twinsburg  
**Cost:** \$ 20 for both days or \$15 for one

For more information, please call 330-487-0452.

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### Registration Form – Ultimate Frisbee

**12/15 Only (\$15)**       **12/22 Only (\$15)**       **Both days (\$20)**

Participant's Name \_\_\_\_\_ Boy/Girl Grade \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Parents' Names \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Additional phone numbers in case of emergency \_\_\_\_\_ ; \_\_\_\_\_

Please list any medical conditions or allergies of which we should be aware: \_\_\_\_\_

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**Waiver and Release:** I, as parent or guardian of this registrant, do hereby consent to his/her participation in the listed program. Registrant is in good health and can participate in all activities. Therefore, in consideration of services to be performed, we do hereby release Jump Start Sports (JSS), it's officers agents and employees; the Edge Sports Performance Academy (ESPA) and its' officers, agents, and employees; ET, LLC (ET) and it's officers agents and employees; and 9550 Ravenna Rd, LLC (9550) and its' officers, agents, and employees in their official and individual capacities from any and all claims, liability or demands for any personal injury, sickness or death as well as property damage expenses of any nature whatsoever which may be sustained or incurred by said registrant in connection with participation. Furthermore, we, on behalf of the registrant, hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of the registrant's participation in the listed program. The undersigned further agrees to defend, hold harmless and indemnify JSS, ET, 9550 and/or ESPA for any liability sustained by JSS, ET, 9550 or ESPA as a result of the negligent, willful or intentional acts of the registrant. The undersigned acknowledges that JSS, ET, 9550 and ESPA do not provide insurance for participants. I further acknowledge that registrant must have insurance coverage to participate in the program listed. I hereby certify the presence of such valid health insurance policy for registrant. In the event that reasonable attempts to reach parents/guardians at phone number listed have been unsuccessful, I hereby give my consent for the administration of any and all emergency treatment deemed necessary by a licensed physician or the transfer of child to nearest appropriate hospital or emergency facility. We further understand, consent and agree that the JSS, ET, 9550 and ESPA will not be held responsible for the results of such emergency treatment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please make checks payable to The Edge and mail to 9550 Ravenna Rd., Twinsburg, OH 44087**