

2009 TASK SPRING AND SUMMER REGISTRATION

REGULAR SPORTS	
SPRING	SUMMER
<input type="checkbox"/> Golf	<input type="checkbox"/> Tee ball
<input type="checkbox"/> Bowling	<input type="checkbox"/> Coach Pitch- 10 & under
<input type="checkbox"/> Fitness Club	<input type="checkbox"/> Coach Pitch- 11 & over
	<input type="checkbox"/> Modified Softball

PREMIUM SPORTS
<input type="checkbox"/> Kickball
<input type="checkbox"/> Kickball
<input type="checkbox"/> Karate
GOLD AND SILVER MEMBERS ONLY

CHECK HERE IF YOUR ADDRESS HAS CHANGED.

CHECK HERE IF YOUR EMAIL ADDRESS HAS CHANGED.

WE MUST HAVE A CURRENT 2007 TASK APPLICATION. IF NOT, ENCLOSE AN APPLICATION WITH THIS REGISTRATION.

Please print all information neatly and return to 11139 South Towne Square, Suite D, St. Louis, MO 63123.

Level: Gold Silver Bronze Member Number: -

Athlete's First Name Athlete's Last Name

Birth Date / / Age Gender Male Female

Address

City State Zip Code Phone Number - -

School District

Dad's First Name Dad's Last Name

Dad's Work Number - - Dad's Cell Phone - -

Mom's First Name Mom's Last Name

Mom's Work Number - - Mom's Cell Number - -

Email Address

Tee Shirt Size CS CM CL AS AM AL AXL A2X Preferred Hand R L
 Uses a wheelchair? Yes No Uses a walker? Yes No

Allergies: _____

Medications: _____

Other relevant information: _____

Help us get an accurate picture of your child so we can meet his or her needs best.
Please check all that apply.

<input type="checkbox"/> Allergies/Asthma	<input type="checkbox"/> Mentally Impaired
<input type="checkbox"/> Autistic/Aspergers	<input type="checkbox"/> Physically Impaired
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Behavior Concerns	<input type="checkbox"/> Speech Impaired
<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Visually Impaired
<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Other
<input type="checkbox"/> Learning Disabled	<input type="checkbox"/> Other

CONTINUED ON BACK ...

I am currently a:

- Gold Level Member*; therefore there is no fee.
- Silver Level Member*
 - I have enclosed my payment of \$40.00.
 - Bill my credit card \$40.00 (MasterCard or Visa only).
- Bronze Level Member*
 - I have enclosed my payment of \$75.00.
 - Bill my credit card \$75.00 (MasterCard or Visa only).

If you are not a participant at any level and would like to join as one, fill out the TASK Application in this newsletter.

**All fees are not refundable. Yearly fees expire in December 2008.
There are no prorated fees.**

Credit Card Only

Card Type <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	For Credit Card Payments		
	Card Number [][][][][] - [][][][][] - [][][][][] - [][][][][]	Expires (MM/YY) [][] / [][]	
	Cardholder's Signature _____	Date _____	

PARTICIPATION AND MEDIA RELEASE

I / We the parent(s)/guardian(s) of said athlete do hereby release and forever discharge TEAM ACTIVITIES FOR SPECIAL KIDS (TASK), its agents, employees and volunteers from all claims and demands, actions and causes of action, damages, cost, loss of service, expenses and compensation on account of, or in any way growing out of bodily injuries and property damage resulting, or to result from any accident that may occur as a result of, or on account of the participation in the TASK league or TASK activities, whether the result of the negligence of TASK, its agents, employees or volunteers.

Team Activities for Special Kids (TASK) is granted by the RELEASE the right to photograph/video my child as well as the right to display, publish, or exhibit this photograph/video on any medium. TASK is also released from any future claims of liable, slander or any other claim.

Parent Signature _____ Date: _____

OFFICE USE ONLY

Date Rec'd _____ Amount _____ Cash Check Credit Card