



**INDOOR SPORTS PAVILION**

STEPS LACROSSE AND THE INDOOR SPORTS PAVILION PRESENT

# JOE GHEDINA'S FACE OFF CLINIC



## CLINIC HIGHLIGHTS

Instruction on:

- Stance, Wing play,  
Stick handling, Body position

Face-off moves taught:

- Clamp, Rake, Plunger, Top, Jump, Jam  
and Countermoves

Drills to improve quickness,  
technique, balance, strength, and  
anticipation.

**PLEASE SIGN UP EARLY  
THIS PROGRAM COMPLETELY SOLD OUT  
LAST YEAR**

## JOE GHEDINA

- NEW YORK TITANS
- NEW JERSEY PRIDE
- HOFSTRA UNIVERSITY
- 646 FACE-OFF WINS IN NLL
- LED THE NATION IN  
FACE-OFF PERCENTAGE
- 2001 MAJOR LEAGUE  
LACROSSE IRON LIZARD AWARD  
RECIPIENT
- ALL-AMERICA

**4 WEEKS**

**When: Wednesday's  
February 13, 20, 27, March 5  
GRADES 9-12, 7-8 PM**

**Where: Indoor Sports Pavilion, Randolph NJ  
ENROLLMENT IS LIMITED PLEASE SIGN UP  
EARLY TO ENSURE YOUR SPOT!**

**COST: \$180**

**FOR MORE INFORMATION CONTACT  
CHARLIE SHOULBERG 973.895.4007  
WWW.INDOORSPORTSPAVILION.COM**

**TO REGISTER FILL OUT AN INDOOR SPORTS  
PAVILION REGISTRATION AND WAIVER FORM**

**INDOOR SPORTS PAVILION -- REGISTRATION/WAIVER FORM (For Insurance Purposes) -- Please print legibly**

16 W Hanover Ave, Randolph NJ 07869 -- 973-895-4007 / 973-895-4026 (fax)

**\*\*If you have already filled out this form for another program (please list program: \_\_\_\_\_) during the current "ISP" year --Only fill in checked areas, along with payment information (if applicable)\*\***

- ✓ **Name of Participant:** \_\_\_\_\_, M \_\_\_ / F \_\_\_
- ✓ **Starting Day/Date:** \_\_\_\_\_ **Sport / Program Code (soccer only):** \_\_\_\_\_
- ✓ **Program (circle one):** League / Tournament / Clinic / Camp / Contract / Batting Cages / Private Lesson
- ✓ **Position Played:** \_\_\_\_\_ (If Lacrosse Player- US Lax No.: \_\_\_\_\_)
- ✓ **Name of Team:** \_\_\_\_\_ **Representative:** \_\_\_\_\_

**If applicable,  
Payment  
Information**



**Payments** -- Amount Paid: \$ \_\_\_\_\_ Check: # \_\_\_\_\_, Cash: \_\_\_\_, Credit Cards we take: Visa, M/C, Discover  
 Circle One: Debit / Credit Card: # \_\_\_\_\_ Exp Date: \_\_\_\_\_  
 Print Name that appears on card: \_\_\_\_\_  
 (for debit/credit card) Customer Signature: \_\_\_\_\_

**ALL FEES PAID FOR PROGRAMS AT INDOOR SPORTS ARE NON-REFUNDABLE. REGISTRANTS SHALL NOT BE PERMITTED TO PAY PRO-RATED FEES. CANCELLATIONS DUE TO WEATHER WILL NOT BE SUBJECT TO MAKE-UPS. ISP Program schedules are posted on our website one week prior to the start of each program -- We DO NOT call participants with this information.**

**Participant's Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone No.:** \_\_\_\_\_ **Cell Phone No.** \_\_\_\_\_

**Registrant's E-Mail:** \_\_\_\_\_ *\*we will attempt to contact via e-mail if there is a change in schedule.\**

**Participant's Birthdate:** \_\_\_/\_\_\_/\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ (As of Sept 1, of current school year)

**For Minors Father's Name:** \_\_\_\_\_ **Work Phone No.:** \_\_\_\_\_

**Cell Phone No. :** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**For Minors Mother's Name:** \_\_\_\_\_ **Work Phone No.:** \_\_\_\_\_

**Cell Phone No. :** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**Adult and Minor Participant Waiver/Release/Assumption of Risk/ Agreement**

In consideration of participating in any way in the athletics/sports programs, and /or otherwise participating in or attending events or activities, at the Indoor Sports Pavilion, LLC, ("ISP") during the twelve (12) month period between Sept. 1 – Aug. 31 coinciding with the date of receipt of this document, the undersigned, both individually and on behalf of any minor for whom the undersigned is legally responsible:

1. agrees that he or she, or as the parent(s) or legal guardian(s) of a minor participant, shall, prior to participating in an activity at ISP, inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, shall immediately inform personnel employed at the front desk of ISP of such condition(s) and refuse to participate unless and until such condition(s) is cured or removed. It should be noted that netting surrounding the field has wire ties and chain therein and that goals are stored in areas directly adjacent to and surrounding the fields.
2. acknowledges and fully understands that each participant will be engaging in activities that by the inherent nature of the activity involve a risk of serious injury, including the potential of permanent disability and death, and understands and accepts that severe social and economic loss may result not only from his or her own actions, inactions, or negligence, as well as from the actions, inactions or negligence of others, the rules of play, and/or from any equipment in the facility or which is used in the normal course of such activity. It should be noted that netting surrounding the field has wire ties and chain therein and that goals are stored in areas directly adjacent to and surrounding the fields.
3. assumes all of the foregoing risks and accepts responsibility for any injury, disability or death to me and/or my child, as well as, and any damages, whether social or economic, arising from participation in an activity at or involving ISP, inclusive of such harm arising from the conduct of others who are also participating therein. I do not, however, accept responsibility for any injuries or damage to me and/or my child arising while participating in an activity at ISP which is caused by a reasonably foreseeable physical condition on the premises, although I do accept responsibility for any such harm arising from the physical condition of the netting and the storing of goals as set forth in paragraph 2.
4. represents that I, or my child, am qualified, in good health and in proper physical condition to participate in activity(ies) at ISP and hereby authorize any representative of ISP, or medical provider, to seek medical attention on my behalf, or on behalf of my child, to ensure my well being, or the well being of my child, without any legal liability whatsoever, inclusive of any responsibility for any negligent rescue operations.
5. releases, waives, discharges and covenants not to sue ISP, it's affiliated clubs, administrators, members, directors, agents, coaches, referees, and/or other employees of ISP, other participants, sponsoring agencies, sponsors, advertisers, owners and lessors/lessees of the premises used to conduct the event or activity in which I, or the minor participant for whom I am responsible, participate (all of which are hereinafter referred to as "releasees"), from any and all liability to each of the undersigned, his or her heirs and the next of kin, for any and all claims, demands, losses or damages on account of any injury, including death or damage to property, caused or alleged to have been caused, in whole or in part, by the releasees or otherwise. I so agree independently on behalf of myself as to any claims I may have as a participant/spectator and/or as the parent or legal guardian of the subject minor/child, and separately on behalf of the subject minor/child.
6. hereby authorizes the use in any promotional materials of any photograph taken of me, or my child, while participating in any activity at ISP.
7. agrees that all disputes arising from an injury or claim whatsoever at, or relating to, ISP shall be resolved by mandatory arbitration.

I/WE HAVE READ THE ABOVE AGREEMENT AND UNDERSTAND THAT I/WE GIVE UP CERTAIN RIGHTS BY VOLUNTARILY SIGNING IT AND I/WE NEVERTHELESS DO SO.

**Signature** of Parent, Guardian, or Adult Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**Printed** Name of Parent, Guardian, or Adult Participant: \_\_\_\_\_