

# 808 Basketball Clinic

## Sundays, 10:30-12pm

\$8.00 Participation Fee or

**Wear an 808 Basketball Shirt and pay a DISCOUNTED PARTICIPATION FEE of \$5.00,**

**Shirts available for purchase at clinic, even on your first visit. Please bring a basketball!**



808 Basketball Club Clinic Participant Registration & Waiver Form

**Participant Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender: M F

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Emergency Contact Information:**

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____

**Primary Contact** (for communication purposes):

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**808 Basketball Club Clinic Waiver & Release:**

I hereby grant permission for my child to participate in the 808 Basketball Club Clinic. I assume all risks and hazards incidental to all participation in said clinic and do forever RELEASE, acquit, discharge, and covenant to hold harmless Roosevelt High School, 808 Basketball Club, all instructors, coaches and staff from any and all liability from any and all causes of action, and claims for any injury or damage.

I hereby authorize the instructors, coaches and staff to act for me according to his/her best judgment in any emergency requiring medical attention. I hereby release Roosevelt High School and 808 Basketball Club and all instructors, coaches and staff from any and all liability for any medical treatment decisions made for treatment of my child. I give consent to use my child's image(s) on the internet, website, or any media publications.

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

\_\_\_\_\_  
Date