

CLINIC INFORMATION

WHO...

Boys and Girls in 3rd through 8th grades

WHAT...

Work on shooting, 1-on-1 moves, free throws and lots of fun! (and a cool clinic t-shirt)

WHERE...

Hephzibah Baptist Church
Family Life Center

WHEN...

We will meet on Thursday nights and will last from 6:30-7:45 PM.

HOW TO REGISTER...

Complete this form and mail or bring it to Hephzibah Baptist Church with your \$20 clinic fee. Sign up early because space is limited.

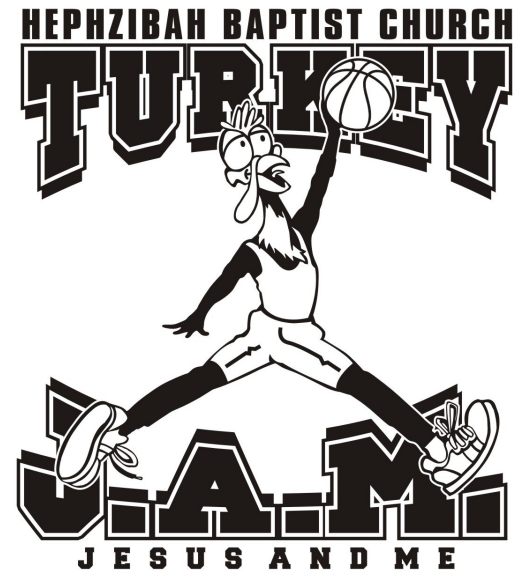
CLINIC DIRECTOR...

Larry Lindsay

For more information contact
Larry Lindsay at 365-7847.



Hephzibah Baptist Church
Recreation Ministry
1794 Wendell Blvd.
Wendell, NC 27591



BOYS & GIRLS **BASKETBALL** **CLINIC**

3rd - 8th Grades

Four Weeks of Fun!
Oct. 22 - Nov. 12th

Thursday Nights

Hephzibah Baptist Church
(919) 365-7847

JAM BASKETBALL CLINIC REGISTRATION FORM

Player Information

Last Name _____ First Name _____ Middle Initial _____ Gender _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Birthdate _____
Grade (2008-2009 school year) _____ Church _____ T-shirt Size (YM, YL, XXL, AS, AM, AL) _____

Parent/Guardian Information

Father/Guardian _____ Mother/Guardian _____
Telephone (Work) _____ Telephone (Work) _____
Cell Phone _____ Cell Phone _____
Registration Fee _____ Check # _____ Cash _____ Amount Paid _____

Please Read Carefully - Release Must Be Signed

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? Yes _____ No _____
If yes, please state problems _____

If you wish family doctor contacted in case of emergency:

Doctor's Name _____ Phone # _____

Emergency Authorization:

I, the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the coaches, counselors, or parents of campers acting in the capacity of activity supervisors/vehicle drivers, as my agents, to consent to medical, surgical, or dental examination and/or treatment. In case of emergency I hereby authorize treatment and/or care at any hospital. If there is an emergency and I cannot be reached please contact:

Full Name _____ Phone # _____

Address _____

WAIVER OF LIABILITY AND DISCLAIMER

I, the parent or guardian of the above named individual, acknowledge that participation in athletic events necessarily involve risk of physical injury. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in its programs, I hereby release, and hold harmless the basketball camp, its directors, counselors, volunteers, and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in the league sponsored events, including any physical injury caused by the negligence of any official, referee, or coach while performing his/her duties during any practices or games.

Signature of Parent or Guardian

Date