FOCUS EMPOWERMENT BASKETBALL CLINIC

REGISTRATION FORM

Name _____ Date of Birth _____

Address _____ Apt ____ City _____ Zip _____

Phone _____ School _____ Grade ____ Age ____

Ethnicity: ■ African American ■ Asian American ■ Caucasian ■ Hispanic ■ Other _____

Parent/Guardian _____ Address _____

Relationship to Child _____ Home Phone _____

Work Phone _____ Cell _____

Email _____ Child T-Shirt Size _____

Church (optional) _____

Skill Level: ■ Beginner ■ Intermediate ■ Competitive

EMERGENCY CONTACT

Contact _____ Emergency Phone _____

Relationship _____ Address _____

Medical Conditions _____

Allergies _____

Insurance Company & Policy Number _____

REGISTRATION INFORMATION

■ YES ■ NO Permission to use child's name/picture for publicity.

■ YES ■ NO Permission to transport child in Focus Empowerment Basketball Clinic vehicles.

■ YES ■ NO Emergency transportation permission.

I grant permission for the child named on this application to participate in Focus Empowerment Basketball Clinic activities. I understand participation involves inherent risks and certify my child is physically able to participate. I release the Focus Empowerment Basketball Clinic, its staff, volunteers, and representatives from liability to the fullest extent permitted by law. In case of emergency, I authorize medical treatment as deemed necessary.

Parent/Guardian Signature _____ Date _____