

# KINDERGARTEN BASKETBALL CLINIC REGISTRATION

Player's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_ Home Telephone \_\_\_\_\_

School: \_\_\_\_\_ Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Yr \_\_\_\_\_

\_\_\_ Yth 6/8 \_\_\_ Yth 10/12 \_\_\_ Yth 14/16 \_\_\_ Ad Sm \_\_\_ Ad Med \_\_\_ Ad Lg \_\_\_ Ad XL \_\_\_ Ad 2X

(We/I) the undersigned (parent/parents) of \_\_\_\_\_ do hereby consent that the above named minor may participate in the Farmington Community Civic Center Kindergarten Basketball Clinic. It is agreed that said Clinic, its sponsors, officials or City assume no legal liability for injuries and the undersigned shall hold the City harmless from any actions brought against the City as a result of participation.

(Please sign and print name)

PARENT SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_

***Kindergarten Clinic Registration Deadline: Sunday, Sept. 26, 2010 or when clinic is full***