

# Basketball Tactics and Training at Corpus



## Christi Fall Clinics Registration Form

Schedule: September 7<sup>th</sup> to October 26<sup>th</sup> - Mondays and Wednesdays 5:00-6:30pm

Cost: \$280.00 per player \*\$230 for second sibling

### Athlete Information

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

### Parent/Guardian Information

Name: \_\_\_\_\_

### Emergency Information

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insured Card Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Acknowledgement: As parent/guardian I declare that my child is in good physical and medical condition and is able to withstand the rigors of the game. I acknowledge the risk and give my child permission to participate in this program and release the organization of any liability.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date