

TRC
1st/2nd grade Basketball Clinic
Registration Deadline: Friday, February 12th at 5:00pm
Participant Fee: \$15

PARTICIPANT NAME _____ Male _____ Female _____
GRADE _____ AGE _____
ADDRESS _____
CITY _____ ZIP _____ PHONE _____
PARENT/CONTACT NAME _____ PHONE _____
EMAIL ADDRESS _____

PARENT/GUARDIAN: I hereby state that I am fully aware of the above described activity and that above said player has no physical, mental, or emotional conditions which would prevent him/her from fully participating in such activity, or would make him/her susceptible to injury from such participation. I further state that I hereby release the Tonganoxie Recreation Commission, its employees, volunteers, or agents from any claim that the said player might have, or others may have, for injury that he/she might sustain during his/her participation in such activity. I also state that if I am not present and an emergency arises I authorize medical attention to be administered. Please notify the Recreation Commission if special accommodations may be needed for the above said player to participate in the described activity.

SIGNATURE: _____ **DATE** _____