



2017

Teacher's Convention Basketball Clinic Registration Form & Instructions

STEP ONE: Please send an email to ksomog3899@yahoo.com to reserve your spot in the clinic. Please include players full name and grade.

STEP TWO: Complete this form entirely and accurately. Bring the completed form and payment to **SPORTIKA 150 Woodward Road, Manalapan, NJ** on Thursday, November 9th (or Friday if you are attending Friday only). Checks should be made payable to CJ Cardinals.

*****BRING A BASKETBALL, WATER AND A LIGHT LUNCH*****

Participant's Name _____ Grade _____

Address _____

School Name: _____

Parent's Name _____

Cell Number: _____ E-mail _____

PLEASE CHECK ONE:

- Thursday Only \$50
- Friday Only \$50
- Thursday and Friday \$90

1. I, the parent/guardian of the above-named camper, hereby give my approval to participate in the Teacher's Convention Basketball Clinic.
2. I know that participation in basketball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the directors and employees of Jersey Cardinals Fall Basketball Program, and participants from any claim arising out of any injury to my child whether the result of negligence or for any other cause.
3. I hereby authorize the directors of Basketball Clinic to act for me accordingly, to their best judgment, in an emergency requiring medical attention.
4. I acknowledge that there is no refund within 7 days of the start of the Basketball Clinic.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

For more information, contact **Kristen Somogyi** at ksomog3899@yahoo.com or **Lorraine Meltzer** at Lorrainemeltzer@yahoo.com

INTERNAL USE ONLY

Program Option <input type="checkbox"/> Thursday Only <input type="checkbox"/> Friday Only <input type="checkbox"/> Thursday & Friday	Payment Amount Paid _____ Check # _____ or CASH
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