

“A” GAME FUNDAMENTALS BASKETBALL CLINIC REGISTRATION

Cost: Boys and Girls (5th – 11th grade) \$80.00

Please mail the registration form and check or money order payable to:
Rodney Jefferson, P.O. Box 974, Duarte, CA 91010

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail Address: _____

Emergency Contact: _____

Basketball Experience: _____

Position: _____

Grade next year _____ School: _____

Shirt size: _____ Height: _____ Weight: _____

I learned about this clinic through: _____

Medical Conditions: _____

Amount Enclosed: Registration Fee \$80
plus _____ (additional Sparks tickets @ \$5 each) _____
Total: _____

Parent or Guardian:

Print Name: _____

I hereby authorize the staff of the “A” Game Fundamental Basketball Clinic to act for my child according to their best judgment in any emergency requiring medical attention and I hereby waive and release the “A” Game Fundamental Basketball Clinic from any and all liability for any injuries or illnesses incurred at the clinic, or resulting from attending the clinic.

Signature: _____ Date: _____