St. Patrick Youth Basketball Clinic

(Grades 2nd, 3rd and 4th)

Athlete Name: _____

Grade: _____ School: _____

Parents: _____

Address: _____

_____

Mobile #: _____ Home #: _____

Email: _____

Emergency Contact: _____ Mobile #: _____

Cost $75 Make checks payable to SPAA

All athletes receive a reversible practice jersey.

Please check your size. ☐Youth S ☐Youth M ☐Youth L ☐Adult S ☐Adult M

Waiver

I hereby give my permission for _____ to participate in the St. Patrick basketball clinic at St. Patrick Parish. While careful precautions are taken, occasional injuries do occur. I agree not to hold St. Patrick School, Parish, volunteers, employees, or the Athletic Department responsible for any injury. Moreover, the undersigned parent or guardian states that their athlete has had a complete physical within the past calendar year and that this record is on file at the parish, child's school or at the doctor's office. By signing this form the parent acknowledges that their child is physically able to perform the physical activities that are required for participation in the basketball clinic. St. Patrick Parish and all members of the basketball clinic staff shall not be held responsible for any physical ailments that are not declared prior to the start of the camp.

Please list any medical conditions, allergies or impairments that the staff should be aware.

_____

_____

_____

Parent Signature: _____ Date: _____