



PRIME

ATHLETIC DEVELOPMENT

BASKETBALL CLINIC REGISTRATION FORM

Participant's Name _____ Age _____

School _____

Address _____

City _____ State _____ Zip _____

Name of Parent(s) _____

Home (____) _____ Cell (____) _____

E-mail address _____

Insurance Information _____

(Name of Insured)

(Company)

(Policy #)

(DOB)

I do hereby approve my child's participation in the Prime Athletic Development Basketball Clinic. I certify that my child is in good health and able to participate with no limitations. In the event that a medical emergency occurs and I am not on the premises or cannot be contacted, I give my permission to secure medical attention. Also, I do hereby release Prime Athletic Development and all of the clinic instructors of all liabilities due to any injury or illness.

Parent Signature _____ Date _____