FAIR LAWN ALL-SPORTS 3RD – 6TH GRADE BOYS BASKETBALL CLINIC

REGISTRATION FEE: $120.00 (6-WEEK SESSION)

TRAINER: CHAD MECKLES, CMEK

CLINIC DATES: APRIL 18, 25, MAY 2, 9, 16, 23

LOCATION: TBA

TIME:

6:10 P.M. - 7:25 P.M. (3RD/4TH GRADE) & 7:30 P.M. – 8:45 P.M. (5TH/6TH GRADE)

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REGISTRATION FORM

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

BIRTHDATE: _____ AGE: _____ GRADE: _____

SCHOOL: _____

PARENT(S) NAME: _____

PHONE NUMBER: _____ CELL NUMBER _____

EMAIL ADDRESS: _____

I ACCEPT FULL RESPONSIBILITY FOR ANY INJURY SUSTAINED BY MY CHILD RESULTING FROM TRAINING, COMPETITIVE PLAY, TRAVEL TO AND FROM GAMES OR OTHER ASPECTS OF HIS/HER PARTICIPATION IN THIS PROGRAM. I HEREBY GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN THE BASKETBALL PROGRAM. I HAVE READ AND UNDERSTAND THE ABOVE REGISTRATION FORM.

_____ _____

PARENT SIGNATURE DATE