

**Natick High School Basketball Fall Clinic
Registration Form** *(please print)*

Participant's Name _____ Age ____ Sex ____

Date of birth _____

Address _____

Town _____ Zip _____ Phone _____

Current School _____ Grade ____

Father's Name _____ Work _____

Phone _____ Cell _____

Mother's Name _____ Work _____

Phone _____ Cell _____

Emergency contact _____ Telephone _____

Medical information and allergies

I hereby pledge for myself, my heirs, executors, or administrators to waive and release all rights and claims for damages I may have against the agency. I also release the organization's agents, assigns, or officials for all injuries suffered by my child.

Signature _____ Date _____

Emergency information

Should my child be taken to the hospital for emergency purposes, I hereby grant permission to the attending physician and staff to treat CAMPER _____ for anesthesia, medical, x-ray, and surgical procedures as may be deemed necessary or advisable. I understand in an emergency, whenever possible, an attempt will be made to communicate with me prior to the use of this permission.

Insurance company _____

Number _____

Signature _____

Date _____

Girls Basketball Skills Clinic

Saturday, November 19th 2009

4:00pm- 7:00pm

Grades 4th – 8th

\$30 per camper for advance registration

\$35 per camper for registration at the door

Registration deadline is Tuesday, November 17th, 2009

Please make checks payable to: Natick Summer Academics

mail to: Natick Summer Academics/Sports Camps

Att: Dan Hinnenkamp

Natick High School

15 West Street

Natick, MA 01760

Register by mail *before November 17th*. Natick Summer Academics is a self-supporting program. Camps not having 10 or more students are subject to cancellation. Transportation is not furnished. No refunds will be issued after November 17th.