

## Basketball Clinic

\$50 / \$90

SHIRT SIZE: (YOUTH): S/M/L/XL (ADULT): S/M/L/XL

Child's Name: \_\_\_\_\_ Sex: Male  Female

Age: \_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Grade going into: \_\_\_ Allergies/Asthma/Other: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mom's #: \_\_\_\_\_ Dad's #: \_\_\_\_\_ Emer #: \_\_\_\_\_

My child: \_\_\_\_\_ has my permission to participate in the Village of Patchogue Parks and Recreation Department Summer Programs. I, the undersigned, intend to be legally bound, waive, and release any and all rights and claims for damages I may have against the Incorporated Village of Patchogue, Patchogue Village Parks and Recreation Department and their representatives, for any and all injuries suffered by my child in the Summer Recreation Programs. I am not aware of any physical condition which would impede my child's participation in or require special treatment in the above activity. If your child/children are not picked up by programs end, there will be a late fee of \$5.00 per each 15 minutes of fraction thereof.

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

## Basketball Clinic

\$50 / \$90

SHIRT SIZE: (YOUTH): S/M/L/XL (ADULT): S/M/L/XL

Child's Name: \_\_\_\_\_ Sex: Male  Female

Age: \_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Grade going into: \_\_\_ Allergies/Asthma/Other: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mom's #: \_\_\_\_\_ Dad's #: \_\_\_\_\_ Emer #: \_\_\_\_\_

My child: \_\_\_\_\_ has my permission to participate in the Village of Patchogue Parks and Recreation Department Summer Programs. I, the undersigned, intend to be legally bound, waive, and release any and all rights and claims for damages I may have against the Incorporated Village of Patchogue, Patchogue Village Parks and Recreation Department and their representatives, for any and all injuries suffered by my child in the Summer Recreation Programs. I am not aware of any physical condition which would impede my child's participation in or require special treatment in the above activity. If your child/children are not picked up by programs end, there will be a late fee of \$5.00 per each 15 minutes of fraction thereof.

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_