

Our Savior Basketball Family Workouts, Training Sessions and Camps with Coaches Kelly Martin and George Holmes

at Our Savior New American School, 140 Mark Tree Road, Centereach, NY 11720

ENROLLMENT AND PARTICIPATION FORM

Please PRINT the following information

Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Address: _____

Home Phone: _____

Parent's Cell Phone: _____

Name and Number to Call in Case of an Emergency: _____

Email Address where you would like to receive weekly email, updates and workout schedules and info:

School currently attending: _____

How did you first hear about this program? _____

What are your goals for this upcoming (present) season? _____

PARENTS PLEASE READ AND SIGN: I authorize the staff of Our Savior Basketball Family to act in any emergency requiring medical attention. I understand every effort will be made to contact me. I understand that I am responsible for all hospital, laboratory and doctor's fees. My child is physically fit to participate in vigorous physical activity. I understand and agree that neither Kelly Martin, George Holmes, Robin Reade, Our Savior Basketball Family, Our Savior New American School, Our Savior Lutheran Church nor anyone associated with these workouts and training sessions will be held responsible or liable for accidents or illness.

I also give permission that my child may be photographed and /or video recorded during these sessions and their photos/videos may be used in printed and internet promotional material.

Parent's Name (please print): _____

Signature of Parent: _____ Date: _____

Health Insurance Company and Number: _____