

**HOLY NATIVITY SCHOOL BASKETBALL CLINIC**  
**JANUARY 2 - 4, 2019**

**HOLY NATIVITY SCHOOL CLINICS REGISTRATION & WAIVER FORM**

Name of Participant: \_\_\_\_\_ Male/Female (circle one)

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Session # \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name & Phone # \_\_\_\_\_

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

Emergency Contact Name & Phone # \_\_\_\_\_

Cost: \$80 (No Refunds) For Credit Card Payment: Name on Card: \_\_\_\_\_

Participants need to bring a water bottle and ball

**Payment in full (no proration or refunds) is due on Monday December 17, 2018.** If payment is not made by then, your child's spot will be given away. **Please send Registration Form and Check** to Holy Nativity School, Attention Clinics, 5286 Kalaniana'ole Hwy., Honolulu, HI 96821. Credit Card Payments can be made online ([holynativityschool.org/basketball-clinic/](http://holynativityschool.org/basketball-clinic/)) Walk-ups are available based on space availability.

I hereby grant permission for my child to attend the Holy Nativity School Basketball Clinic. I understand that as a condition of acceptance, the undersigned, on behalf of all parents and guardians and on behalf of the participant, hereby releases the Holy Nativity School, instructors or agents, from any and all liability for any injuries or illness incurred while attending the Holy Nativity School Basketball Clinic. I hereby authorize the instructors to act for me according to his/her best judgment in any emergency requiring medical attention. The undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity. I give consent to use my child's image(s) on the internet, website, or any media publications.

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