



**2019 Spring Basketball Clinic
March 20-22**

Registration 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 Wednesday, March 13, 2019. 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 Highway
Honolulu, HI 96821

Credit Card Payments can be made on the Holy Nativity School website. 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: _____