

Basketball



Education

DEVELOPMENTAL PROGRAMS FOR THOSE WANTING TO BE SUCCESSFUL COLLEGE STUDENT/ATHLETES

Print Player Name _____ Grade ____ DOB ____/____/____ M F

School _____ Shirt Size ____ Short Size ____ Shoe Size ____ Ht. ____ Wt. ____

Print Parent Name _____

Address _____ Phone: _____ (H)

_____ (W)

_____ (C)

Email: _____ (H) _____ (W)

Parent Consent and Release: In consideration of my son/daughter being allowed to participate in the Basketball Plus Education program, the undersigned, for the parents and for their player(s), waives all claims for injury, accident or loss of any kind and hereby releases the Basketball Plus Education program and all of its volunteers, HCC, USD #111, all gym sites and schools, all sponsoring organizations, and their employees, members and representatives, from any claims or liability.

(Signature of Parent or Guardian)

Date



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