

Coach J's Basketball Clinic
Registration Deadline: Friday, January 11

Participants Name _____ Male _____ Female _____

Grade _____ Does the participant attend TES? _____ Teacher's Name _____

Address _____ City _____ State _____ Zip _____

Guardian/Contact Name _____ Phone _____

Email Address _____

Would you like to receive our monthly Newsblasts via email? Yes _____ No _____ Already a Member _____

Do you reside in or own property within the USD #464 school district? Yes _____ No _____

PARENT/GUARDIAN: I hereby state that I am fully aware of the above described activity and that above said player has no physical, mental, or emotional conditions which would prevent him/her from fully participating in such activity, or would make him/her susceptible to injury from such participation. I further state that I hereby release the Tonganoxie Recreation Commission, its employees, volunteers, or agents from any claim that the said player might have, or others may have, for injury that he/she might sustain during his/her participation in such activity. I also state that if I am not present and an emergency arises I authorize medical attention to be administered. Please notify the Recreation Commission if special accommodations may be needed for the above said player to participate in the described activity.

SIGNATURE: _____ **DATE** _____

Return to Tonganoxie Recreation Commission
521 E. 4th Street or mail to P.O. Box 479 or register online at www.tongierec.org