

**Coach J's Basketball Clinic**  
**Registration Deadline: Friday, January 19**

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. 4<sup>th</sup> Street or mail to P.O. Box 479 or register online at [www.tongierec.org](http://www.tongierec.org)