

***The Mary Louis Academy
Pre- Season Basketball Clinic***

REGISTRATION FORM

The cost of the clinic is \$30 per participant.

Name: _____ D.O.B. _____

Address: _____

School: _____ Grade: (As of September 2010) _____

Parent/Legal Guardian: _____ Contact #: _____

Are you currently on a basketball team? _____ If so, list: _____

Are you allergic to any medications? _____ If so, list: _____

Are you currently being treated for any injuries? _____

I, the parent or guardian of the above named, approve my child's participation in all activities at The Mary Louis Academy. The Mary Louis Academy, the Sisters of St. Joseph, its employees, directors and other participants will not be responsible for any injury or illness sustained at The Mary Louis Academy Pre- Season Basketball Clinic. I do hereby waive, release, absolve, indemnify and agree to hold harmless The Mary Louis Academy, the Sisters of St. Joseph, the organizers, directors, coaches, counselors and other participants from any claims arising out of injury to myself and my child incidental to such participation.

I hereby authorize the directors/ trainers of The Mary Louis Academy Basketball Clinic to act on my behalf, according to their best judgment, in any emergency

Parent/Guardian Signature _____ Date _____

**PLEASE MAKE ALL CHECKS PAYABLE TO:
THE MARY LOUIS ACADEMY**

**MAIL TO:
THE MARY LOUIS ACADEMY
176-21 WEXFORD TERRACE
JAMAICA ESTATES, NY 11432
ATTN: JOE LEWINGER, DIRECTOR OF ATHLETICS**

**PHONE: 718-297-2120 EX. 253/ FAX: 718-739-0037
E-MAIL: ATHLETICS@TMLA.ORG**