

PASSAIC COUNTY COMMUNITY COLLEGE GIRLS AND BOYS BASKETBALL CLINIC

PANTHERS



OCTOBER 21, 2017

WHO: The First 50 Girls/Boys to sign up

Ages: 6-13

Registration: 9:30AM to 10:00AM

Clinic Hours: 10:00 AM to 12:00 PM

(No new participants are allowed to register the day of the clinic)

Passaic County Community College, Women's Basketball Program, One College Boulevard, Paterson, NJ 07505-1179

PASSAIC COUNTY COMMUNITY COLLEGE PANTHER CLINIC REGISTRATION FORM

SATURDAY- OCTOBER 21, 2017

NOT VALID UNLESS LIABILITY WAIVER IS SIGNED.

Liability Waiver/Health & Insurance Form

PARTICIPANT'S NAME

ADDRESS

CITY/STATE/ZIP

SCHOOL GRADE NEXT YR

PARENT/GUARDIAN NAME

WORK PHONE HOME PHONE

MEDICAL INSURANCE COMPANY

MEDICAL HEALTH PROBLEMS/MEDICATION

**To sign up, please fax your registration form to: Contact: Teya Eaton, Head Women's Basketball Coach
Fax: (973) 684-5843 or call (973) 684-5332**

I hereby authorize the directors of the PCCC Women's Basketball Clinic (hereafter referred to as "the clinic") to act for me according to their best judgment in any emergency situation. I hereby waive and release the Passaic County Community College, its staff and all affiliates, and any other organizations and individuals involved with "the Clinic," and the "Clinic" and its staff of any responsibility or liability arising from the applicant's participation in "the Clinic." I know of no medical physical problems, which might affect my child's ability to safely participate in this camp. I will be responsible for any and all medical or other charges incurred in connection with her attendance at camp. Costs for the treatment of injuries and hospitalization for illness/injuries incurred during "the Clinic" will be the responsibility of the parents or guardian may be used to defray such medical and hospital costs.

PARENT/GUARDIAN SIGNATURE

DATE