

NORMINIXON'S PROFESSIONAL BASKETBALL SKILLS CLINIC

Saturday, 8/28/2010 Costa Mesa Calvary Chapel High School Gym

Name: _____ Grade: _____ School: _____

Skill Level (circle one): Beginner Intermediate Advanced Age: _____

Parent: _____ Cell: _____ Home: _____

E-mail address: _____

Emergency Contact: _____ Phone: _____

I, intending to be legally bound, do hereby waive, release, and forever discharge all rights and claims for damages which may hereafter accrue to me against Calvary Chapel Costa Mesa, United Martial Artists for Christ, all Basketball staff and Norm Nixon Basketball Skills Clinic. The terms of this release also pertains to all of the officials concerned or their respective officers, agents, representatives, and successors, arising out of traveling to, participating in, or returning from the Basketball Skills Clinic. I acknowledge that I am responsible for any and all medical expenses due to my child's illness and/or injury.

I register my child knowing of no medical problems that would prevent him/her from safely participating in strenuous athletic activity. I hereby authorize the directors of the Basketball Skills Clinic to act for me according to their best judgment in any emergency.

Known Medical Conditions: _____

Signature of Parent: _____

Print Name: _____ Relationship: _____

For more information go to: www.martialartistsforchrist.org or call (714)893-7713

2nd Grade – 6th Grade: \$65.00 7th Grade – Open (No Age Cap): \$75.00

Make all checks to UMAFC