

## Basketball Clinic The Hague - Parent Consent form

Name of parent/guardian: \_\_\_\_\_

Name of child: \_\_\_\_\_

Age: \_\_\_\_ Sex (circle one): BOY GIRL OTHER

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

City: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Email of parent/guardian: \_\_\_\_\_

Sign up for:	Shirt size:	XS	S	M	L	XL
<input type="radio"/> Beginners (€ 210)	Kids:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Intermediate/Advance (€ 215)	Adults:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Five Star (€ 215)						

I wish to enrol my son/daughter in the Basketball Clinic of The Hague and agree to pay the fee as listed and selected above.

I fully understand that I cannot hold the Basketball Clinic of The Hague responsible for any injury occurred by my son/daughter during or after the sessions.

I agree that the Basketball Clinic of The Hague reserves the right to place a child in the group that the Clinic feels would benefit the child most.

By signing this form I declare I am fully aware and respect the rules of the sports facilities. Please be advised that photographs will be taken at the Clinic for use on the Clinic website and for promotional purposes for Basketball Clinic The Hague.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

**This form should be printed, filled out, and handed in on the first day of the clinic. In addition to this completed form, each player must ALSO sign up at:  
[www.basketballclinicthehague.nl](http://www.basketballclinicthehague.nl)**