

Basketball Clinic The Hague - Parent Consent form

Name of parent/guardian: _____
Name of child: _____
Age: ____ Sex (circle one): BOY GIRL OTHER RATHER NOT SAY
Address: _____
Postcode: _____
City: _____
Telephone: _____
Mobile phone: _____
Email of parent/guardian: _____

Sign up for:

- Beginners (€ 220)
 Intermediate/Advance (€ 225)
 Five Star (€ 225)

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**