



Bill Bennis Basketball Clinic Registration Form

Registrations can be submitted along with \$20 per player the morning of the Clinic

Child's Name: _____ Gender: _____ Grade: _____ Age: _____

Address: _____

City/State/Zip Code: _____

Home Phone: _____ Cell: _____

Parent/Guardian Name: _____

Emergency Contact: _____ Phone: _____

Family Doctor: _____ Hospital in case of emergency: _____

Allergies: _____



Bill Bennis Basketball Clinic Waiver

I am hereby declaring to the Bill Bennis Basketball Camp Staff and Milford Central School that I have adequate Health Insurance on my Child, _____, when he/she is attending the Camp. I authorize the staff to act for me in their best judgment in any emergency requiring medical attention and I hereby waive and release the Bill Bennis Basketball Camp Staff and Milford Central School from any and all liability for any injuries or illnesses incurred while at the camp. I have no knowledge of any physical impairment that would be affected by the above named player's participation in the camp.

Parent/Guardian Signature _____ Date _____