



## Kusler Clinics Registration Form

Alcester-Hudson Basketball Clinic

Location: Alcester Hudson Elementary School

Trainers: Shenia Doering & Gabe King

July 16th, 18th, & 19th (Not 17th)

7th-12th 9:00 AM - 11:00 AM (\$75)

1<sup>st</sup>-6th 1:00 PM - 3:00 PM (\$60)

Cash or checks accepted

Checks can be made to *Kusler Clinics*

Registration forms & payment can be returned to Shannon Hames

Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Age: \_\_\_\_\_

Parents: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

T-Shirt Size: Youth M L Adult S M L XL

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I hereby consent to having my child, \_\_\_\_\_, participate in any workout or clinic put on by Kusler Clinics. I understand there are risks involved while participating and it is known that the trainers and staff of Kusler Clinics and the facility in which they are being held are released from all claims because of any injuries which may be sustained by my child while attending a workout or clinic. I certify that my child is medically fit to participate and authorize the staff of Kusler Clinics to act for me in their best judgement in any emergency requiring medical attention to my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*No athlete will be allowed to participate in the clinic without signed waiver*