

**1 Day Clinic Registration 5<sup>th</sup>-8<sup>th</sup> grade boys**

**Date of Clinic: Saturday, October 27th**

**Time: 6 P.M. - 9 P.M.**

**Price: \$40 (each additional siblings/relatives \$35)**

**Location:** Alburnett High School (New Gym) (131 Roosevelt St. Alburnett, IA 52202)

**Deadline to register:** Wednesday, October 24th (Otherwise \$45 at the door.) \*Capacity 30

Basketballs, water, and snacks provided.

**How to Register:**

**Fill out the form (If paying with check sign to “Crossover Basketball”)**

**Mail the form and your payment by deadline (Wednesday, October 24<sup>th</sup>) to:**

Attn: Crossover Basketball

5501 Michael Drive NE

Cedar Rapids, IA 52411

Boys Name \_\_\_\_\_ Age: \_\_\_\_ Grade Level \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Phone (Home/Cell): \_\_\_\_\_ (Work) \_\_\_\_\_

Email: \_\_\_\_\_

Please describe any medical issues that should be brought to the attention of our staff:

\_\_\_\_\_

I hereby authorize the staff of Crossover Basketball to act according to their best judgment in any emergency requiring medical attention and I hereby waive and release the clinic from any and all liability for any injuries or illnesses incurred while at clinic. My signature also indicates that medical permission has been secured to practice and I have insurance to cover any injuries or illnesses incurred during the clinic.

Parent/Guardian Signature: \_\_\_\_\_ Amount Due: \_\_\_\_\_