

Speed and Agility Training Clinic Registration Form
Tuesday, August 3rd at the Whitehall Elementary School
9am-12pm
\$25 per athlete or \$40 for a family of 2 or more
Free Lunch to be served following the clinic.

Name: _____ Age: _____

Address: _____

Phone: _____

Emergency Contact: _____

Emergency phone: _____

Make check payable to: Whitehall Basketball Boosters

Mail check and form to: Keith Redmond
88 Stalker Road
Whitehall, NY 12887

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees, Lee Taft, Whitehall Central School and Whitehall Basketball Boosters, from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

(Parent/Guardian Signature) _____

DATE SIGNED: _____

Emergency Phone Number: (_____) _____