

# 2020 Sports: Shot Mechanics Clinic

JULY 27, 2019 - COACH ROD MOSBY

Girls Clinic: 9 Am til 12 Pm

Boys Clinic: 1 pm til 4 pm

## GENDER

FEMALE    MALE  
           

LOCATION:  
ASU BEEBE  
BEEBE, AR

## Participant's Information

\* First Name: \_\_\_\_\_ \* Last Name: \_\_\_\_\_

\* Email: \_\_\_\_\_ \* Position: (Circle One) PG SG SF PF C

\* ORGANIZATION OR PERSON SIGNING UP ATHLETE: \_\_\_\_\_

\* Relation to Athlete: \_\_\_\_\_ \* PLAYER AGE: \_\_\_\_ \*CURRENT GRADE: \_\_\_\_

\* ATHLETE'S HEIGHT: \_\_\_\_ foot \_\_\_\_ inches

\* T-SHIRT SIZE: (Circle One) ADULT SM M L XL XXL XXXL

\* Does the athlete have any allergies, chronic illness, or medical or conditions? If yes, please describe.

\_\_\_\_\_

\* Is the athlete prescribed an inhaler? If yes, please explain any instructions.

\_\_\_\_\_

**PHOTO RELEASE:** I grant permission 2020 Sports to use images or videos of my child participating in the basketball clinic for advertising purposes on the official website, event displays, flyers, etc.

Check if you agree

**WAIVER:** Informed Consent and Acknowledgement I hereby give my approval for my child's participation in any and all activities prepared by 2020 Sports, during the selected clinic. In exchange for the acceptance of said child's candidacy by 2020 Sports, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless 2020 Sports and all its respective officers, facility owners, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected clinic sessions.

Check if you agree

# 2020 SPORTS BASKETBALL TRAINING

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