

**PONY PAL BASKETBALL CLUB
2009-2010**

REGISTRATION FORM

Name _____ **Grade** _____

School _____

Parents Name _____

Phone _____

Address _____

Email _____

I hereby acknowledge the health of my boy to be ready for vigorous activity at the basketball clinics and authorize the directors to secure any emergency treatment deemed necessary. I hereby release the directors, coaches and the Stillwater Area School District from all claims because of any injuries, which may be sustained by my son while attending the basketball clinic. I also understand that any medical bills incurred by my son while in attendance at the league will be my responsibility or my Family Health Insurance Plan.

Parents Signature _____

Date _____

Please make check payable to Stillwater Basketball and return with registration form to:

Coach Jordan
5701 Stillwater Blvd N
Stillwater, MN 55082

If you have any questions, please feel free to call Coach Jordan 651-351-8818 or 320-241-7396.