

SPORTS & MORE FALL BASKETBALL
INDIVIDUAL REGISTRATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent Name: _____

Home Phone: _____ Cell: _____

Email: _____

Birth Date: _____ Gender: Male Female

Player Age: _____

Group Sessions: \$15 pp per session

Packages Deals:

4 sessions: \$55 _____ 8 sessions: \$110 _____

Individual 1-on-1 Sessions: Individual 1-on-1 session: _____

- Package deals available *

All classes will run an hour in length

I hereby give permission for my child to participate in Sports & More Fall Basketball Clinics and certify that he/she is physically fit and that Sports & More, It's Coaches will not be held responsible for any accidents or injury during the course of the basketball clinic.

Parent Signature: _____ **Date:** _____

Please sign the registration form and return with payment (checks made payable to "Sports & More") or mail to: Sports & More, Attn: Basketball Clinic, 1855 Hurffville Rd, Sewell, NJ 08080.

Information call: 856.401.8111 ext. 206 via Email: youthsports@sportsandmorefun.com

