

PLEASE PRINT

**Scott Hazelton Basketball School
Summer 2017 Application
Girls Clinic**

**August 7th – 10th @ Greater Lawrence Technical School
781-942-2564**

**www.scotthazeltonbasketball.com
Participant Information**

Participant's Name: _____
Last M.I. First

Street: _____ **City:** _____ **State:** _____ **Zip:** _____

Date of Birth: _____ **Age:** _____ **Grade Next**
Month/Day/Year School Year: _____

Current School: _____ **School Next Year:** _____

Parent/Guardian Information

Parent/Guardian #1: _____ Parent/Guardian #2 _____
Home Phone: _____ Home Phone: _____
Work Phone: _____ Work Phone: _____
Cell Phone: _____ Cell Phone: _____
E-mail Address: _____ E-mail Address: _____

T-Shirt

Please Circle: Adult T-Shirt Size S M L XL XXL

- I have enclosed my check for full payment (\$125 made out to RB Camps & Clinics)
- I have enclosed the emergency form
- I have enclosed my child's most recent physical (within 24 months of camp start date)
- I have enclosed my child's immunization record

I understand that there will be no refund for any cancellation made within two weeks of the scheduled clinic date. I further authorize and give full consent to the Scott Hazelton Basketball School to publish any quotes, photographs, or videotapes which my child appears in while attending the clinic for the purpose of promoting the clinic.

SIGNED (Parent/Guardian)

DATE