

— PLAY BASKETBALL CLINICS —



6 - Week Basketball Session



8 - 15 years (Co-Ed)

Session Fee: \$100

Register online ~ www.play-bc.com; or

Mail to:

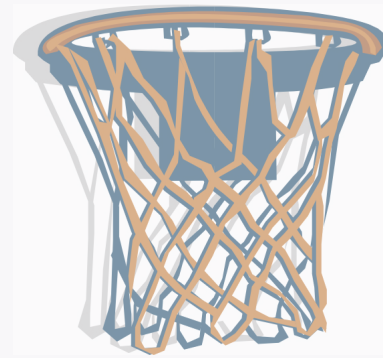
PLAY Basketball Clinics, #202
16625 Dove Canyon Road, Suite #102
San Diego, CA 92127-3490

Black Mountain Middle School
9353 Oviedo Street, SD 92129

Saturday's

April 17 - May 22

10:30 - Noon



Camper Name: _____ DOB: ____/____/____
Parent/Guardian Name: _____ Cell: ____-____-____
Email Address: _____
Mailing Address: _____
City, Zip: _____ School: _____
Payment Amount: \$ _____ Form of Payment (Circle): Check/Visa/MC
Credit Card #: _____ EXP: _____
Signature: _____

Waiver Information:

By signing this form you, the parent or legal guardian, hereby authorize the directors of PBC to act for you according to their best judgment in any emergency requiring medical attention. You hereby grant permission for your son/daughter to participate in the camp and acknowledge that he/she is physically able to participate in clinic activities and hereby waive and release PBC and all clinic personnel from any and all liability for any injuries or illness incurred while at the clinic.

Sign: _____

Date: ____/____/____