

MARCH MADNESS

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CONESTOGA CHRISTIAN

What: Four, one-hour basketball clinics
When: Saturday mornings March 1, 8, 15, & 22
From: 10:00 – 11:00AM
Where: Conestoga Christian School Gym
Who: First 30 to register in grades K – 5
Cost: \$20 (includes T-shirt)

Please return the form below to Mr. Yoder by Friday, February 16, 2007

2008 March Madness registration Form

Name of Athlete: _____ Grade: _____

Address: _____ Phone # _____

T-Shirt size Youth S M L XL Insurance Co. _____

Emergency Phone # _____ Policy # _____

I hereby grant permission for my child to attend the March Madness Basketball Clinic, and to be treated by a licensed physician or a member of the camp's staff in the event of any injury, illness or other mishap during the course of his/her time of participation. The undersigned applicant understands that he/she will be engaging in physical activity during the program that contains inherent risk of physical injury. The director, assistants of the Clinic, and Conestoga Christian School will not be held liable for personal injury occurring as a result of the applicant's participation in the activities that comprise the March Madness Basketball Clinic.

Applicant's Signature: _____

Parent / Guardian's Signature: _____ Date: _____