



SEASON 3

## **PALIGA SA TAG-ARAW BASKETBALL CLINIC**

### **Enrollment Form 2016**

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Parents' Cell or Work No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_

Your child's grade level in school \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

### **MEDICAL WAIVER**

I do hereby register my child in TAG 91.1's PALIGA SA TAG-ARAW BASKETBALL CLINIC 2016. I fully declare that my child has no mental or physical problems that may affect his ability to safely participate in these camps. I authorize the clinic staff to attend to any health problem or injury my child may incur while participating in the camp. I hereby release and hold harmless ARABIAN RADIO NETWORK, TAG 91.1 AND CLIQUE EVENTS CO. and its employees from any and all liability that may arise out of my child's participation in the clinics. I acknowledge that I am responsible for any and all medical expenses due to my child's illness and/or injury.

My child is covered by:

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's Phone \_\_\_\_\_

Known Allergies or Medical Conditions: \_\_\_\_\_

<p>Parent's Name</p>	<p>Signature</p>
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