

Fundamentals of Basketball Clinic

With Christopher Weakley (professional basketball player and coach)

Registration Form

Athlete's
name: _____ Age _____ DOB: _____

Athlete's Skill Level:
Beginner _____ Intermediate _____ Advanced _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Cell: _____ Work: _____

I, _____ have enclosed fee of \$75.00 to register my child, named above for my child to participate in the Fundamentals of Basketball clinic. I also agree to hold harmless Chris Weakley and Courtyard Media Foundation and associates, from any injury to my child as a result of participating in the Fundamentals of Basketball clinic. For questions, contact Christopher Weakley at 310-855-4252. Please make checks payable to: Chris Weakley.

Parent Signature: _____ Date: _____