



Cougars Basketball

Morgan Boys

Grades K-1

Cost \$20

**(Checks payable to: North Harrison Boys
Basketball)**

When: April 17-April 20

Where: Morgan Elementary

Time: 3:30-4:45

**Instructors: Coach Jones & Cougars Basketball
Coaches/Players**

**Questions: Contact Coach Jones:
kjones@nhcs.k12.in.us**

Cougars Basketball K-1 Clinic

Name _____ **Grade:** _____

Teacher: _____ **T-shirt size: Youth: Small**

Medium Large

Payment: _____ Cash _____ Check # _____

I, the above signed, hereby authorize any first aid, medication, medical treatment deemed necessary in case of an emergency for the above player. I, the above signed, in consideration of the participation in North Harrison basketball clinic, intending to be legally bound, do hereby ourselves, executors, and administrators waive, release, and forever discharge any and all rights and claims for damages, including any claims for loss, damages or injury to our persons or property arising out of the above player's performance or failure of performance from the North Harrison School Corporation, their agents, representatives, successors and assigns. (Must be signed for player participation)

Print Name: _____ Signature: _____ Date: _____

Please return this form to school by March 22nd. Coach Jones needs a count for shirts, and the school needs to know which kids are staying prior to Spring Break.