



Application

Name _____

Gender Male Female

Current Grade _____ Current Age _____ School _____

Position (Please Check)

Point Guard Shooting Guard Post Player

Contact Person

Name of Parent _____

Phone (Home) _____

(Cell) _____

Email Address _____

Mailing Address _____

Applicant Basketball History

Years playing organized basketball _____

If applicable, average points per game last season _____

If applicable, average assists per game _____

If applicable, average rebounds per game _____

Main reasons for taking the course

A) _____

B) _____

Time Preference

(Please circle 1st, 2nd, or 3rd choice for lesson time, or "Anytime" for no time preference. The final time chosen will be your time slot for all 8 weeks.)

Sun	Mon	Tues	Wed
2:00 – 2:45	5:30 - 6:15	5:30 - 6:15	5:15 - 6:00
2:50 – 3:35	6:20 - 7:05	6:20 - 7:05	6:05 – 6:50
3:45 – 4:30	7:15 - 8:00	7:15 - 8:00	
Any Sun time listed above	Any Mon time listed above	Any Tues time listed above	Any Wed time listed above

T-Shirt Size

- Small
- Medium
- Large
- X-Large

MEDICAL RELEASE

Please Read Carefully! Release Must Be Signed.

Doctor's Name _____

Doctor's Phone _____

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? _____

If yes, please state conditions:

Emergency Contact (name & phone in the event the parents cannot be reached)

I, _____, parent or legal guardian of

_____ do hereby agree and make public that I will not hold *Get The Edge Basketball*, Centenary Church, or any adult sponsor responsible for any accidents or injuries that may be sustained in connection with the 2009 *Get The Edge Basketball Skill Development Course*. I understand precautions for the safety of my child have been taken. I also understand accidents do happen and I will assume responsibility for any losses thereof. I also authorize emergency treatment for my child if it should become necessary, and do hereby give my consent for any medical treatment deemed necessary for the welfare of my child.

Signature of parent or legal guardian

Date