****

**Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_**

**D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (M) (F) Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I do hereby release and forever discharge any and all rights and claims for damages against The Academy faculty, Boca Hoops Inc. and its representatives. Furthermore, I certify that the named applicant is in good health, and is capable of participating in The Academy. I understand that the accident insurance provided is a secondary coverage with a deductible.**

**Signature of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_**

***Academy Clinics***

**Site: Lynn University Gym**

**Head Instructor: Jeff Price, Men’s Varsity Coach**

**Lynn University**

**Staff: Coach Price’s Coaching Staff & Players**

**Site:     Boca Raton Middle School Gym**

**Head Instructor: Matt Ryder, Boys Varsity Coach**

**Olympic Heights High School**

**Staff: Coach Ryder’s Coaching Staff & Players**

**Ages 7-12 Boys and Girls (as of September 1st):**

**Fee: $25.00 for 1.5 hour Session**

**(Start Time 1 PM)**

**CLINIC #1: \_\_\_\_\_\_\_\_\_\_\_\_\_ September 10: Boca Raton Middle School**

**CLINIC #2: \_\_\_\_\_\_\_\_\_\_\_\_\_ September 17: Lynn University**

**CLINIC #3: \_\_\_\_\_\_\_\_\_\_\_\_\_ September 24: Lynn University**

**CLINIC #4: \_\_\_\_\_\_\_\_\_\_\_\_ October 1: Boca Raton Middle School**

**CLINIC #5: \_\_\_\_\_\_\_\_\_\_\_\_ October 8: Lynn University**

**Total Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cash) \_\_\_\_\_\_\_\_\_\_ (check #) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Checks payable to: Boca Hoops, Inc.**

**Mail in: Boca Hoops – The Academy**

**PO Box 6068**

**Boca Raton, Florida 33427**

**Information or questions:** [**info@bocahoops.com**](mailto:info@bocahoops.com)

**Attention: The Academy**