August 27, 2011

GIRL'S MIDDLE SCHOOL PRE-SEASON CLINIC

The largest one day exposure event for MIDDLE SCHOOL girl's in Kentucky, Southern Indiana and surrounding states. Each participant will participate in player stations, agility courses, discussion sessions and scrimmage games. Also, each participant will receive a player evaluation from the event. This event is promoted and marketed through **Allgood Hoops®. Event report will be submitted to Rick Bolus' High-Potential®**, **Ron Harrison (KyPrepHoops.com), and Bluegrass Insider Scouting Service.** The host site will be Pleasure Ridge Park High School in Louisville, Kentucky.

REGISTRATION FORM

NAME: _____ AGE: _____ GRADE /CLASS OF: _____

ADDRESS: _____ PHONE: ( ) _____-_____

_____ CELL: ( ) _____-_____

EMAIL ADDRESS: _____@_____

EMERGENCY CONTACT: _____ PHONE: ( ) _____-_____ CELL: ( ) _____- _____

JERSEY / SHIRT SIZE: Adult - (S) ___ (M) ___ (L) ___ (XL) ___ (XXL) ___ Youth - (M) ___ (L) ___ (XL) ___

SCHOOL ATTENDING: _____ COACH'S NAME: _____

PHONE:_____ COACH'S CELL PHONE: _____

$75 Per Player / Registration Due August 26, 2011

EACH PLAYER RECIEVES: Clinic T-Shirt, Lunch, and Skills Instruction

Make Checks/Money Orders Payable To: ALLGOOD HOOPS PRE-SEASON CLINIC
MAIL REGISTRATION AND PAYMENT TO: ALLGOOD HOOPS – P.O. BOX 58039 – LOU., KY. 40268 PHONE: (502) 500-2482

PARENTAL RELEASE AGREEMENT

We (I) hereby release the ALLGOOD HOOPS, and the event sponsors from all claims on account of any injuries which may be sustained by our (my) daughter as a result of participation in the PRE-SEASON CLINIC. This includes activities on an off the basketball court during the event.

PLAYER'S NAME: _____PARENT OR GUARDIAN'S SIGNATURE: _____

DATE: _____/_____/_____