



DSM BASKETBALL CLINIC 2017

MAIL-IN APPLICATION FORM

COMPLETE ALL FIELDS BELOW: PLEASE PRINT

WEEK YOU ARE REGISTERING FOR (PLEASE CHECK ONE):

BOYS WEEK: July 10-13, 2017 (9.00am – 3.00pm)

GIRLS WEEK: July 17-20, 2017 (9.00am – 3.00pm)

COST = \$240 per player *

PLAYER NAME:		DOB:		GRADE:	
ADDRESS:					
CITY/STATE/ZIP:					
GUARDIAN 1:		TEL:			
GUARDIAN 2:		TEL:			
PRIMARY EMAIL:				T-SHIRT SIZE**:	

**T-SHIRT SIZES: YS/YM/YL/AS/AM/AL

PAYMENT - Please mail a check made payable to "THE M-PLEX" along with this application form to:

ATTN: DSM BASKETBALL CLINIC 2017

THE M-PLEX, 31 OXFORD ROAD, MANSFIELD, MA 02048

* For families with more than 1 child registering for the same week, a \$40 discount will apply to each additional child registered after the 1st child. Please list registering siblings below and add \$200 per sibling to the total fee for registration.

SIBLING 1:		DOB:		GRADE:		T-SHIRT SIZE:	
SIBLING 2:		DOB:		GRADE:		T-SHIRT SIZE:	

LIST ANY ADDITIONAL SIBLINGS ON THE BACK OF THIS FORM

By submitting this registration you understand that any participants attending the event/program at The Mansfield Sportsplex (The M-Plex) does so at his/her own risk. The M-Plex, BCL Premier Sports-Mansfield LLC, directors, staff and its officers will not be held liable for any damages whatsoever arising from personal injury or property loss sustained by the participant and his/her family while attending/participating events/programs on the premises. Participants and parents assume full responsibility for all injuries and damages that occur in or about any programs on the premises. In addition, submitting this registration form acknowledges that the applicant (s) is/are in good health and is/are able to participate in a program/event that requires physical activity. Participant (s) also agree (s) to follow the rules of conduct established by The M-Plex. Failure to do so may result in suspension or dismissal from program/event/facility.

Parent/Guardian Consent: In the event of an injury, I authorize the directors and staff to act for me according to their best judgment should my son/daughter require medical treatment during my absence. I authorize The M-Plex to use any and all photographs, pictures, or likeness of me or anyone assigned guardianship to me, as they deem appropriate in it promotional materials.

PARENT SIGNATURE:		DATE:	
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