

Basketball Registration
Please use one registration form per child

Child Name _____ Date of Birth _____
 Street _____ Apt _____ City _____ Zip _____

Parents or Guardian Names:

Parent 1: _____

Phone 1 _____ Phone 2 _____

Email _____

Parent 2 _____

Phone 1 _____ Phone 2 _____

Email _____

Basketball slection (check one) **6-7 y.o. class** **8-10y.o.** **11-12 y.o.**

ITEM	COST	INCLUDES
6 - 12 y.o. Basketball Classes 90 minutes class	\$200	<i>8 classes, shirt, award,</i>

MAKE CHECKS PAYABLE TO: JAMES FOWLER P.T. P.C.
 Mail to: 873 Broadway, Suite 510, New York, NY 10003

I understand that, as with any other physical activity, it is possible that injury may occur. I understand and agree that if any injury should occur during class I shall hold "KidsMove Sports", "James Fowler P.T., P.C." and all of its coaches, therapists and aides harmless for any injury and waive any claims or damages against them.

Parent/Guardian Printed Name _____ Signature _____ Date _____