

# **CLEVELAND BASKETBALL SCHOOL REGISTRATION**

Please Write Clearly

- **Player's Name:** \_\_\_\_\_
- **Street Address:** \_\_\_\_\_
- **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_
- **Phone: (H):** \_\_\_\_\_ **(W):** \_\_\_\_\_
- **(Cell):** \_\_\_\_\_
- **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_
- **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_
- **Parents Name(s):** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_
- **Location:**    \_\_\_\_\_ **Brecksville**    \_\_\_\_\_ **Medina**    \_\_\_\_\_ **Twinsburg**  
                          \_\_\_\_\_ **Westlake**    \_\_\_\_\_ **Hudson**    \_\_\_\_\_ **Green**

**How did you hear about us?**

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Please make checks payable to: "*The Cleveland Basketball School*"  
and mail to: 11927 Snowville Road, Brecksville, OH 44141

By my signature I attest that my child is physically fit and able to participate in the program indicated. I have full knowledge of all risks involved. In consideration of acceptance of this registration, I waive all rights and claims we may have against the staff and individuals associated with Cleveland Basketball School, Paul Hought, and staff members, and will hold them harmless for any injuries incurred.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_