

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:** _____
- **Parent's Name(s):** _____
- **Email Address:** _____
- **Location:** _____ **Brecksville** _____ **Medina** _____ **Twinsburg**
_____ **Youth: Brecksville** _____ **Broadview Heights** _____

How did you hear about us?

CLEVELAND BASKETBALL SCHOOL REGISTRATION

Please Write Clearly

You may use PayPal or 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 staff and individuals associated with Cleveland Basketball School, Paul Haught, and staff members, and will hold them harmless for any injuries incurred.

Parent/Guardian Signature: _____ **Date:** _____