



## PALIGA SA TAG-ARAW JUNIORS BASKETBALL CAMP Enrollment Form 2018

Name \_\_\_\_\_ Age \_\_\_\_\_  
School \_\_\_\_\_ Year Level \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Parents' Cell or Work No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
E-mail \_\_\_\_\_  
Size \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

### Medical Waiver

I do hereby register my child in TAG 91.1's PALIGA SA TAG-ARAW BASKETBALL CLINIC 2018. I fully declare that my child has no mental or physical problems that may affect his ability to safely participate in these camps. I authorize the clinic staff to attend to any health problem or injury my child may incur while participating in the camp. I hereby release and hold harmless ARABIAN RADIO NETWORK, TAG 91.1 and its employees from any and all liability that may arise out of my child's participation in the clinics. I acknowledge that I am responsible for any and all medical expenses due to my child's illness and/or injury.

My child is covered by:

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's Phone \_\_\_\_\_

Known Allergies or Medical Conditions: \_\_\_\_\_

Parent's Name	Date & Signature
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