



Two Day Basketball Clinics with EastLink  
Bedford Basinview Aug 22 & 23  
Ages 7-10 9:00 am -11:30am  
Ages 11-14 12:30 - 3:00pm

Name:

Phone:

Mailing Address:

Location:

Age:

MSI #:

t-shirt size

**PARENTS/GUARDANS:**

This form must be signed for your child to attend Rainmen two day clinic.

In case of medical emergency, I understand that every attempt will be made to contact the parent/guardian of the camper. Yes \_\_\_\_\_ No \_\_\_\_\_

I give permission for the Halifax Rainmen Academy to obtain medical treatment for my child. Yes \_\_\_\_\_ No \_\_\_\_\_

I assume the risk of injury and will not hold the Halifax Rainmen Clinic and/or their staff or volunteers liable for any injuries. Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby give permission for EastLink to film the clinics and use the footage obtained on EastLink.

Parent of Guardian Signature: \_\_\_\_\_



**Proudly Supported by:**