



YOUTH BASKETBALL COACHING CLINIC

(October 30, 2010 9AM-11:30AM)

\$15.00 - Clinic Fee

(Includes Food & Handbook)

REGISTRATION FORM

(Mail form to: AYSA, 1135 EN 10th St., Abilene, TX 79601; or fax to 325-695-7840)

Coach Registration

(Please Print)

Coach Name: _____

League Affiliation: _____

Coach Address: Street: _____ City: _____ Zip: _____

Coach Phone: _____ Coach Email: _____

Emergency Contact: Name: _____ Phone: _____

Number of years coaching organized basketball: _____

Current Basketball Team/Division: _____

The Coach Topic(s) I'm most interested in: _____

I fully accept and assume all risks and responsibility for losses, costs, and damages I may incur as a result of my participation in this event. I hereby release, discharge, and covenant not to bring suit to FCA, AYSA, AYBA, their respective agents, directors, officers, all volunteers, and facility owners (each considered "Releases" herein) for any and all damages, losses, claims or otherwise from this event. I agree to indemnify and hold harmless each of the Releases from any litigation expenses, fees, loss, liability, damage, or cost brought by any claims from me, or anyone on my behalf.

(Printed Name of Participant)

(Participant Signature)

(Date)