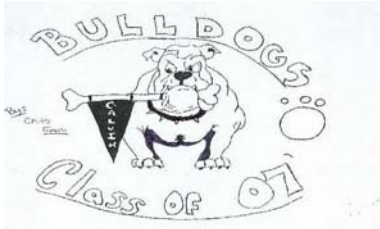


Galvin Middle School Basketball Clinic and Skills Challenge To Benefit The 8th Grade Activity Fund



Time: 9am-1pm

Where: Galvin Middle School Gymnasium

For: 2nd-6th - Graders

Price: \$25.00

(Make Check Payable to Galvin Middle School)

Lunch: Please Bring a Bag Lunch. Lunch Will Be Held In The Gym From 11:30-12:00

Players Can Register At School Prior To The Event Or As A Walk In The Day Of The Clinic

When (please check one): Monday, October 12th Wednesday, November 11th Monday, January 18th Friday, April 2nd

Registration Form

Name: _____

Grade/Age: _____

Phone Number: _____

Parent/Email: _____

Would you kindly fill out the information below and have your child return it to his/her school as soon as possible. Thank you for your cooperation.

I give permission for my child, _____, to participate in the Galvin Middle School Basketball Clinic and Skills Competition to Benefit the 8th Grade Scholarship Fund.

IN THE EVENT of an injury, accident, loss or damage resulting from the above named activity, I hereby agree to hold blameless the Town of Canton, the School Committee, and any official agent or employee, from liability for such accident, injury, loss or damage. FURTHER, I grant permission for medical treatment of my child in the event that an injury or illness does occur. Hospitals REQUIRE a parent's/guardian's signature before any medical treatment is given.

Date

Signature of Parent/Guardian

HOME PHONE

CELL PHONE

WORK PHONE