

Application Form

Name _____

Address _____

City/State/Zip _____

Phone _____

Age _____ Birth Date _____

Grade and School _____

Parent's/Guardian Name(s) _____

My Email _____

Release Form

I hereby authorize the directors of the Nate Smith Basketball School, LLC to act for me in accordance to their best judgment in an emergency requiring medical attention. I hereby waive and release Nate Smith, and all instructors of the Nate Smith Basketball School, LLC. I know of no mental or physical problems that may affect my child's ability to safely participate in the Nate Smith Basketball School, LLC Fall Fun League. I will be responsible for any medical or other charges in connection with his/her attendance at the Nate Smith Basketball School, LLC Fall Fun League.

_____ **Parent or Guardian Signature**

In case of emergency, please call:

Name	Relationship