

# Magic Basketball

## 2016 Fall Training

Magic Basketball Club is offering small group training for middle school players wanting more instruction and extra practice before the basketball season begins. The training clinics will be intense sessions that cover everything from the fundamental skills and basic techniques to high level drills and speed/agility training. Athletes can register by filling out the form below or registering on-line at [magicbasketballclub.com](http://magicbasketballclub.com).

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ DOB: \_\_\_\_\_

School Team: \_\_\_\_\_ Position (s): \_\_\_\_\_ Grade: \_\_\_\_\_

Mark with an "X" the training(s) you will be attending

Training Clinics	Date/Time	Cost
_____ Guard/Post Clinic	Oct. 1, 8, 15, 22, 29, Nov. 5 (10am – 11:00am)	\$150 or \$25/session
_____ Strength/Agility & Team Drills	Oct. 1, 8, 15, 22, 29, Nov. 5 (11am – NOON)	\$150 or \$25/session
_____ Both clinics (best price!)	Oct. 1, 8, 15, 22, 29, Nov. 5 (10am – NOON)	\$240 total

**Total Payment Enclosed: \$ \_\_\_\_\_**

Mail to: Magic Basketball  
PO Box 170654  
Austin, TX 78717

**All sessions will be held at Grisham MS, 10805 School House Lane, Austin, TX 78750.**

**If paying per session, indicate which dates you will attend.**

**Refunds will not be given after 10/1/16**

**WAIVER:**

I, the undersigned parent/guardian of the individual named above, do hereby permit \_\_\_\_\_ to participate in Magic Basketball Fall Training and certify that the Athlete's physical condition is sufficient for full participation in the Magic Fall Training. I understand that the Athlete's participation involves an element of risk and danger of accidents. Knowing those risks, I hereby assume those risks. I hereby release and discharge Magic Basketball Club, their directors, Board of Directors, staff, coaches, heirs and executors from any and all liability resulting from \_\_\_\_\_'s Participation in aspect of the Fall Fundamental Training. I hereby assume responsibility for any and all costs associated with treatment for any injury or health issue that arises during participation in the Fall Fundamental Training. In the absence of a parent/guardian's signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release.

\_\_\_\_\_  
Athlete Name (please print)

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

