

Ben Coleman Basketball Registration Form



Use PayPal (link on website) or
Make Checks Payable to:
Ben Coleman/Coleman Foundation
1160 Vierling Drive,
#161 Shakopee MN
55379 Phone: 612-242-
1909 Fax: 480-302-5813

Name..... Phone.....
Address..... E-mail.....
..... School.....
Parent/Guardian..... Grade.....
..... Event

DOB.....

Please state any medical conditions or physical limitations that may require special medical attention
.....

***Consent and Release and Waiver of Liability:

I understand that by signing this form I release Ben Coleman/Coleman Foundation from any liability for negligence that results in any injury to my child during gym sessions/private lessons. I agree to indemnify Ben Coleman/Coleman Foundation and all other parties involved from any such liability. I represent my child is medically fit to participate in rigorous physical activity. In case of an emergency I authorize Ben Coleman/Coleman Foundation to secure medical treatment. Ben Coleman/Coleman Foundation does not provide medical insurance. I also consent to the use of my child's photograph/likeness for promotional purposes.

Signature of Parent/Guardian

Date

X.....
X.....