



Willingboro Public Schools

Where Excellence is the Expectation

AFTERSCHOOL BASKETBALL TRAINING

REGISTRATION

STUDENT NAME: _____

School: _____

Grade: _____

Parent/Guardian Name: _____

Cell Number: _____

Please list individuals authorized to pick up your child from training sessions:

NAME	Relationship to Child	Address	Telephone	Alternative #
1.				
2.				

RELEASE FORM

I _____, the parent/guardian of _____ ("my child"), give permission for my child to participate in the Afterschool Basketball Training that will take place every Monday and Wednesday, from 6:00 p.m. to 7:30 p.m. at James A. Cotten Intermediate School. There will be 6-8 training sessions and the beginning date is TBD.

Please be aware that parents must provide transportation to and from each training session. Parent(s)/Guardian(s) will be expected to drop off and pick up their child(ren) from James A. Cotten Intermediate School.

I agree and consent to all of the above stated.

(Parent Signature)

(Date)

(Emergency Contact Name and Phone Number)