High School Roundball Clinic
Application Form

Please print

Name: _____

Address: _____

City and zip code: _____

Telephone: ( ) _____ E-mail: _____

Date of birth: _____ Age: _____ School Grade: _____
(As of September 2011)

Height: _____ "T" Shirt Size: S M L XL XXL
(Please circle one size)

Affiliation: _____ Experience: _____
(Club, school, etc.) (JV, varsity,etc)

Please make checks payable to: South Bay F.O.R.

Fee per player: $35 Check Number: _____

Please mail applications and payment for South Bay F.O.R. High School Roundball

Girls to:
c/o John Nakamura
4824 Onyx St., Torrance, 90503

and for Boys to:
c/o Kathy Oshinomi
2512 W. 233rd Street, Torrance, 90505

South Bay F.O.R. Junior Sports Association - Player/Parent Agreement

We, the undersigned, release the South Bay F.O.R. Junior Sports Association, its officers and the clinic committee, coaches, instructors, officials, the Torrance Unified School District and others from liability for any injury or loss sustained by the player while playing, practicing, traveling and participati in our clinic.

The signing of this player agreement shall be considered as a waiver of any claim for such injury loss.

Player: _____ Date: _____
(Signature of player)

Parent: _____ Date: _____
(Signature of parent)

A signed copy of the above Player/Parent Agreement form must be turned in for each player, before the start of the 1st game, in order for the player to be eligible to participate.