

Student Name: _____ Sex: M F

School _____ Grade ___ Height _____

Address: _____

Phone: _____ Email: _____

I (Parent or Guardian) agree, by enrolling my son/daughter that he/she is physically able to participate in all the clinic's activities. In case of a medical emergency and I cannot be reached, I hereby give permission to the physician selected by the staff to hospitalize and secure medical treatment for my child. I understand that my medical insurance is expected to cover my child's injuries. I agree not to hold Assabet Valley Regional School District or the Togo Palazzi Basketball School responsible for any injury that may occur to my son/daughter while participating in the school. I also realize that the Assabet Valley Regional School District is not sponsoring the camp.

Parent (or Guardian) Signature: _____ Date: _____

Medical Insurance _____ Policy #: _____

Please send an application to my friend: _____ Address: _____

Adult T-Shirt Size: S M L XL

Tuition Enclosed: One Week (\$175) Family of Two (\$320)

Please make check payable to MetroWest Basketball Camp

Mail this form to: MetroWest Basketball Camp, PO Box 279, Marlborough, MA 01752

**For more information contact Togo Palazzi; Phone: 508 481 6024
<http://www.marlborsportspartnership.org/TogoBasketballSchool.htm>**