

**BASKETBALL BASKETBALL SKILLS & DRILLS CLINIC REGISTRATION FORM**  
**Featuring WNBA Hall of Famer Michelle Edwards**

Email completed form to events@maryjharrisfoundation.org by **May 27th, 2026**.

**PARTICIPANT INFORMATION:**

Player Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PARENT / LEGAL GUARDIAN INFORMATION**

Parent/Guardian Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: Leave Blank If Same As Above \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**MEDICAL INFORMATION:** Does the participant have any medical conditions, allergies, or injuries?  No  
 Yes (please explain):

Is the participant currently taking medication?  No  Yes (please explain):

**MEDIA RELEASE** I give permission for my child to be photographed and/or recorded during the clinic for promotional purposes.  Yes  No

**PARENT / GUARDIAN CONSENT & LIABILITY WAIVER**

I, \_\_\_\_\_ (parent/legal guardian), give permission for my child,

\_\_\_\_\_, to participate in the Basketball Skills & Drills Clinic with WNBA Hall of Famer Michelle Edwards. I understand that participation in basketball activities involves inherent risks, including but not limited to physical injury. I acknowledge these risks and confirm that my child is physically able to participate.

In consideration of being allowed to participate, I hereby:

- Release and hold harmless the clinic organizers, staff, and affiliates from any liability for injuries or damages that may occur during participation.
- Authorize clinic staff to seek emergency medical treatment for my child if necessary.
- Agree that my child will follow all clinic rules, instructions, and safety guidelines.

SIGNATURE Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_