

The Zone Presents ... Jordan Mount & Dwayne Morton Basketball Clinic

Dates: June 13-14, 2019

Please fill out the disclaimer form.

Name of Player: _____ Grade: _____

Parent's Name: _____ Contact Phone Number: _____

DISCLAIMER: THE ZONE'S PRESENTS ... JORDAN MOUNT & DWAYNE MORTON BASKETBALL CLINIC IS **NOT** RESPONSIBLE FOR ACCIDENTS DUE TO THE PLAY IN THE CLINIC, TRANSPORTATION TO AND FROM THE CLINIC, OR AS A SPECTATOR OF THE CLINIC. AS ATTESTED BY MY SIGNATURE, I UNDERSTAND I AM FULLY RESPONSIBLE FOR MEDICAL OR ANY OTHER ACTION NECESSARY REGARDING MY CHILD AND HIS/HER PLAY IN THIS CLINIC.

PARENT OR LEGAL GUARDIAN

DATE: _____