

Rick Walrond Presents
Fundamental Basketball Academy



APPLICATION TO FUNDAMENTAL BASKETBALL ACADEMY

Name _____ **Age** _____ **DOB** _____

Address _____

City _____ **State** _____

Telephone _____

Email _____

Emergency Contact _____

Relationship _____ **Telephone** _____

I hereby release Rick Walrond and the Fundamental Basketball Academy from all liability of any kind for personal injury or property damage due to participation. I certify that the above stated individual is in good health and is able to participate in all activities. I give my permission for the director of the academy and any employee to provide attention for any injuries. I give permission for above stated to be photographed or videotaped and those images to be used by the Director in the future.

Signature of Parent/Legal guardian _____

Date Signed _____

Please email application to: signe615@bellsouth.net or Call Rick Walrond at (386) 295-6750