



**GT Basketball Clinic Application**

**Applicant Information**

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Male/Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Do your child have Asthma YES NO

Any Health Conditions? YES NO If yes, explain? \_\_\_\_\_

Does your child have an IEP? YES NO

If yes, is there anything we should know or consider? \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Safety is our number priority. However, in case of an emergency do we have your permission to take your child to the hospital? YES NO

Child's Insurance's name: \_\_\_\_\_

Child's Insurance Policy Number: \_\_\_\_\_

(Please provide a copy of your child's insurance card. You have the option of emailing your copy to GTBasketballclinic@gmail.com)

**Disclaimer and Signature**

*In consideration for your accepting this entry, I the undersigned as the parent/guardian will comply and will instruct my child(ren) to comply with all the rules and regulations governing Good Tidings Gospel Chapel. I do further agree that a licensed medical doctor will verify his /her physical condition prior to their participation in the GT Basketball Clinic*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

