

RATES

\$75 per week/\$110 for 2 weeks

\$25 Registration fee due by
May 21st

*Discounts available for siblings

*Cash, Debit or Credit Cards are
accepted. Please no personal checks

AGES

Elementary Level (2nd-5th)

June 3rd - June 7th
10am-12pm daily

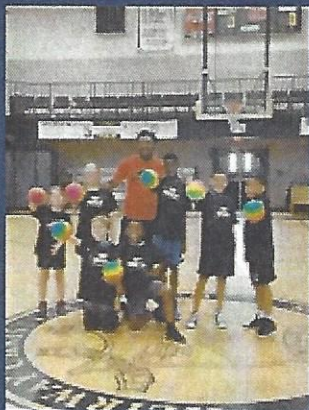
Middle School/High School (6th-12th)

June 10th - June 14th
June 17th - June 21st
10am-1pm daily

WHERE

Heirway Christian Academy
6758 Spring Street
Douglasville, GA 30134

(770) 851-1618 Clinic Phone
fosterclinic2017@gmail.com



Michael Foster
Clinic Instructor

- *Top 20 High School Scoring Stat Leaders (MaxPreps)
- *4th Highest Score in a Single Game
- *Nearly 2500 Career Points
- *Region Leader in Points, Rebounds, Assist and Steals

REGISTRATION

*Registration is open now

*Registration and Wavier Forms are available on the
Heirway Christian Academy website

*Registration fee is \$25 per child
Discounts available for siblings

*Each registered child will receive a Clinic T-Shirt

*Registration closes May 21st.

*Limited Space Available

*Light Snacks and Drinks will be provided



Foster's Fundamental Clinic

YOUTH BASKETBALL CLINIC REGISTRATION FORM

COMPLETE ONE FORM PER CHILD

Circle your participation week(s): Elementary (2ND-5th) Middle School (6th-8th) High School (9th-12th)

T-shirt Size: Youth: SM Med Large XL / Adult: SM Med Large XL 2XL 3XL

Participant's Name _____ Age _____

Address _____ Date of birth _____

City _____ State _____ Zip _____ Entering Grade _____

Parent/Legal Guardian's Name

Cell Phone _____ Work Phone _____

Email Address _____

IN CASE OF EMERGENCY

Contact # 1 _____ Contact # 2 _____

Name _____ Name _____

Address _____ Address _____

Home # _____ Home # _____

Cell # _____ Work # _____ Cell # _____ Work # _____

Participant's Allergies: _____

Participant's Medical Conditions: _____

*MEDICATIONS CANNOT BE GIVEN TO ANY CHILD OR ANYONE EMPLOYED BY THE FOSTER
FUNDAMENTALS CLINIC OR HEIRWAY CHRISTIAN ACADEMY OR IT'S LANDLORDS.

Name of Participant's Physician _____ Physician's Telephone _____



Foster's Fundamental Clinic

WAIVER OF LIABILITY RELEASE FORM

I am aware of the nature of this activity and I hereby assume responsibility for _____ (participant's name) to participate and to be photographed for publicity purposes. I will not hold Micheal Foster, Heirway Christian Academy and/or its employees and landlords responsible in the case of accident or injury as a result of this participation. I understand that this completed form must be in the possession of Heirway Christian Academy.

Parent/Legal Guardian Signature

_____ **Date** _____

FOR OFFICE USE ONLY

Amount Paid Weekly fee _____ **Registration Fee paid** _____

() Cash () Debit () Check # _____ **Received by** _____ **Date** _____