



**COACH HERMAN LITTLE**

**BASKETBALL CLINIC**

at

**The Waverly Community House**

**Boys and Girls ages 9 to 11**

**Friday Afternoons from 3:30 to 5:00 p.m.**

**Six Weeks beginning September 12**

**\$60.00 per child**

**REGISTRATION FORM**

Name \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Phone (day) \_\_\_\_\_

**Release:** All participant's Parent/Guardian must sign below. I DO NOT hold any individual associated with the Waverly Community House, Basketball Clinics, Staff, Board of Trustees, Volunteers or Abington Township responsible for any accident or injury incurred by my child/ward while participating in the program.



Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Send completed registration form (one for each child, please) and your payment to:*

**Waverly Community House, Inc.**

**P O Box 142**

**Waverly PA 18471**