



Smart Start Basketball

Participant's First Name	Last Name	Date of Birth
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Parent/Guardian's Name	Email Address
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Mailing Address	City	Zip Code
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Cell Phone Number _____

Medical Conditions (if any) _____

All Smart Start information and changes will be communicated through email.

Program Fees
\$35.00 Members
\$45.00 for Non-Members

Release of Liability & Photo Release

In the event an accident occurs, I am aware that the Central Clemson Recreation does not provide accidental insurance, and I will not hold the Central Clemson Recreation Center responsible for such injury. The Central Clemson Recreation Center has my permission to take photographs of the above named participant and use them in promotional materials (brochures, member newsletters, etc.)

Parent/Guardian Signature	Date
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