



Basketball X-Perts Skill Building Registration

Please enroll my son / daughter in the Basketball X-Perts Skill Building Program. I hereby waive and release Basketball X-Perts from any and all liability for any injuries incurred while participating in this program.

Parent / Guardian signature: _____

Please print clearly

Player Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell: _____

Parent / Guardian: _____

Health Ins. Carrier: _____

Ins. Policy #: _____

School: _____ Grade: _____ Age: _____

Make check or money order payable to "Basketball X-Perts"

**Mail Application/Check to:
Basketball X-Perts
PO BOX 190231
Boston, MA 02119**