

Phone: 701.356.5666
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FBA Owner/Director:
Josh Johnson

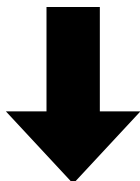
“Where the emphasis is on **Your** child”

Registration & Waiver Form

Complete this registration & waiver form and mail or drop off both the form and fee to:

Fargo Basketball Academy, 5409 53rd Ave S, Fargo ND 58104

Session Dates: _____



*If your child has participated in previous FBA sessions, please complete the **Large Bold fields only**. If any of your other information has changed, please update that as well.*

Child Name _____ Age _____ Birth Date _____ Circle: Girl Boy

Parent Name(s) _____

Email _____

Cell Phone(s) _____

Class Code _____

Class Code (if multiple sessions) _____

Amount Enclosed \$ _____

Sign-up early, classes fill up fast!
If your class is already full, we will contact you immediately to let you know what other class and time

Is your child new to FBA? Circle: Yes No If yes, how did you hear about us? _____

Release: I hereby for myself, my children adopted or otherwise, my heirs and executors, waive and release any and all rights and claims for damages that I may have at any time against the Fargo Basketball Academy (FBA), their agents or representatives; for any injury or damages that may be suffered by me, my child adopted or otherwise, in connection with my association of entry in basketball or other activities sponsored by the Fargo Basketball Academy (FBA). I understand that participation in basketball activities involves motion and contact that may carry with it the risk of injury. The FBA may decide to cancel a class if minimum numbers are not met in any class. In such a rare event, you will be notified of the other optional class times available. If none of those options work for you, your registration fee will be returned.

Should pictures and/or video be taken during any event, I do hereby give permission for myself or my child/children to be included in picture(s), likeness, image and/or voice in a videotape or publication promoting the Fargo Basketball Academy. I also understand that I and/or my child/children will not receive any additional compensation for said photos and/or video.

I acknowledge that I have carefully read this Waiver and Release and fully understand that it is a waiver and release of liability.

Parent Signature _____

Any special needs or concerns? _____

Thanks to our Community Partners

