



2019 YOUTH BASKETBALL CLINIC

1ST – 2ND GRADES

***UNDER THE DIRECTION OF COACH CHICO RIVERA & ASSISTED BY
MSHS VARSITY PLAYERS "GO BEARS"***

SATURDAYS / JAN. 12 – FEB. 2 / 9:00 – 10:00 am

Clinic Location: SISSON GYM

4-WEEK CLINIC FEE -- \$50 - PER PLAYER

LEARN THE BASIC SKILLS – DRIBBLING, SHOOTING, PASSING – INVITE A FRIEND !!

Sign-Up *NOW* at the Rec. Dist. office or at the Gym Jan. 12 & 19

For Info Call: 926-2494 / E-mail: mshastarec@gmail.com

ACTIVITY: **2019 BASKETBALL PROGRAM (GRADES 1- 2)**

SCHEDULE: Instructional Clinics (Saturdays) – Jan. 12 - Feb. 2

FEE: - \$50

CLINIC TIME: 9:00 – 10:00 am

(payable to MSRD)

DESCRIPTION: Supervised **BASKETBALL CLINIC** instruction will be held at the Sisson gym. Participants assume all risks for participation in this program & acknowledge there is a risk of injury during participation due to the physical nature of the activity.

NAME _____ AGE _____
(Please Print)

ADDRESS _____ PHONE _____ GRADE _____
Mailing Address

PHYSICIAN'S NAME & PHONE _____

EMERGENCY CONTACT-PHONE _____

LIMITATIONS: _____

AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the above district to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. **This release is intended to discharge in advance the above district (its officers, employees, and agents) & Sisson School/MSHS**, from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity.

PARENTAL CONSENT: I hereby consent that my **son/daughter**, _____ may participate in the above activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is **physically able to participate in said activity**. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF, THE ABOVE DISTRICT & MSHS AND I SIGN IT OF MY OWN FREE WILL.

_____ DATE _____

(PARENT Signature)

(Parent Name - Printed)

PD: _____ \$\$

_____ CHK