

# Youth Basketball Clinic



**East Suffolk Recreation Center**  
**Saturday, April 30, 2011**  
**10am-3pm**  
**Ages: 8-11**  
**Fee: \$20 per child**  
*Registration deadline is April 1, 2011*

**Children will need to bring his or her own lunch. They will also receive a t-shirt and certificate at the end of the clinic.**

*Instructed by a former collegiate athlete, this clinic will teach boys & girls the fundamentals of basketball. This includes proper shooting technique, dribbling and passing skills, and good sportsmanship.*

**Register Early. Space is limited!**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ (Ages 8-11 only)  
 Parent's Name: \_\_\_\_\_ Amount Paid: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Birth Certificate #: \_\_\_\_\_  
 Male  Female   
 Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 T-Shirt Size: Youth: Small  Medium  Large  Adult: Small  Medium  Large   
 Method of Payment: Check  \_\_\_\_\_ Money Order  \_\_\_\_\_

**\*Please read the following information.**

**Consent to Use Photographs:** I understand that photographs may be taken of me and/or my child at any Suffolk Parks and Recreation program or facility for publication in material used to promote department programs, classes or events.

**Release and Waiver:** In consideration of being permitted to participate in any way in the Youth Basketball Clinic, I for myself, my heirs, personal representatives or assigns, do hereby release, waive, and forever discharge the City of Suffolk, its Council members, officers, employees, and agents for liability from any and all claims, demands, rights and causes of action of whatever kind resulting in, but not limited to, bodily injury, personal injury, accident or illness (including death), and property damage sustained by me and my agents, representatives, employees, or family members arising from participation in the Youth Basketball Clinic.

**Indemnification:** I shall indemnify and hold harmless the City of Suffolk, its Council members, officers, employees, and agents from and against any and all claims, losses, damages, fines, penalties, suits and costs, including injury and death penalties imposed by any authority which arise out of any violation of law by, and all acts and omissions caused by me, my employees, subcontractors, agents, or representatives during the participation in the Youth Basketball Clinic.

Signature:(Parent or Guardian) \_\_\_\_\_ Date: \_\_\_\_\_

**For more information, contact Ashley Green at 757-514-7247.**

