

# FALL CLINIC APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent: \_\_\_\_\_

Work Phone: \_\_\_\_/\_\_\_\_

Cell Phone: \_\_\_\_/\_\_\_\_

Email \_\_\_\_\_

## Basketball Season Saturday Clinic Boys and Girls (Ages 8-14)

January 9 – February 13, 2010

Session 1: 5:00 pm - 6:30 pm

(Coed 8-10 yrs)

Session 2: 6:30 pm - 8:00 pm

(Coed 11-14 yrs)

**\$180** (includes t-shirt) **\$160** (early reg.)

Size Youth: L  Adult: S  M  L  XL  XXL

**Sign up Deadline:** January 2, 2010

**Early Registration Deadline:** Decemebr 22, 2009

### TO ENROLL

Mail Application, Signed Medical Consent and check to:

**School of Skills**

323 36th Street, Suite B

Manhattan Beach, CA 90266

### MEDICAL CONSENT FORM

In the event of accident, injury or illness of the above named participant consent is hereby, given to any x-ray examination, anesthetic, medical or surgical diagnoses or treatment and hospital care which is deemed advisable by and is to be rendered under the general special supervision of any physician and surgeon licensed under the provisions of the Medicine practice Act on the Medical Staff employed by the Director of the Emergency Department of an appropriate medical facility depending on injury. (This authorization as it relates to a minor, is given pursuant to the provision of Section 25.8 of the Civil code of California.) I release the School of Skills & its elected representatives, agent & employees from any and all claims, demands liability or loss which may arise as a result of participating in the above activity.

#### IN CASE OF EMERGENCY, NOTIFY THE FOLLOWING EMERGENCY CONTACT:

Player Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies (if none, so state): \_\_\_\_\_

(Circle) Bleeder, Diabetes, Convulsions, Heart Condition, Other conditions: \_\_\_\_\_

List any other condition which should be known by physician administering treatment: \_\_\_\_\_

### RELEASE OF LIABILITY

I hereby certify that I am a participant in the activity conducted by School of Skills basketball program. I further certify that I am of good health, have no physical or other impairment which would endanger me when participating in such a program. I absolve and hold harmless School of Skills, its employees, officers or agent from any liability which may result from my participation or that from any minor in my legal custody, in the above activity. If the participant is minor, I also give my permission for his/her participation in activity, and for any necessary medical treatment. I understand School of Skills has no obligation to supervise my child(ren) at the close of the above activity, and I release School of Skills, its officers, employees and agents from any liability resulting from any lack of supervision of my child(ren) at the close of the activity. Participants involved in School of Skills programs may be photographed and such photographs may be used to publicize School of Skills programs and activities.

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_