

1st-6th Grade Boys Basketball Camp/League

Start your basketball season by being involved in the basketball camp with the Varsity HS boys' coaches and players. Three days of fundamentals followed by games on Saturdays. Kids will be placed on teams, coached by HS BB players. Shirt included.

Date **Camp:** 1st-2nd Grade: October 21-22, 2019
 3rd-6th Grade: October 24-25, 2019
Games: October 26, Nov. 2, and Nov. 9
 (Teams will join JPRD Rec league for more games)

Time **Camp:** 1st-2nd Grade: 5:30-6:30pm
 3rd-4th Grade: 5:15-6:15pm
 5th-6th Grade: 6:30-7:30pm
Games: 9am-12pm



Ages 1st-6th grade boys

Fee \$35
 Checks made payable to *City of Jefferson*

Instructor Varsity HS Players and Coaches
Location GCCC
Deadline October 18, 2019 (must have in order to play)



Name _____ Grade _____ Birthdate _____

Address _____ City _____ Zip _____ Email _____

Home Phone # _____ Work Phone # _____ Cell # _____

Shirt size Youth S YM YL Adult Sm Adult M Adult L

Class
 1/2 boys BB 321240 A 3/4 boys BB 321240 B 5/6 boys BB 321240 C

Yes, I am interested in helping. Name _____

Waiver & Medical Authorization

In consideration of being permitted to participate in a Jefferson Park and Recreation Department activity or program I, the undersigned participant (or, if under age 18, the participant's parent or legal guardian on his or her behalf): (i) recognize and acknowledge that such activity may involve risk of bodily injury or property damage, (ii) assume full responsibility for and risk of any bodily injury, damage or loss which may occur as a result of participating in such activity, (iii) release, waive, discharge and covenant not to sue the Jefferson Park and Recreation Department and the City of Jefferson and their administrators, officers, employees, members of governing and advisory bodies, representatives, agents, coaches, officials and volunteers (the "releasees") from all liability to the undersigned for any and all damage or loss, and any claim or demand therefor, on account of injury to my person or property, whether due to negligence of the releasees or otherwise, as a result of participating in any such activity or program, (iv) agree to indemnify and hold harmless the releasees identified above from any and all loss, liability, damage or cost that they may incur as a result of my participation in any such activity or program, (v) in the event of any injury or illness while participating in such activity or program authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel, and (vi) consent to my picture being used for publicity or promotional purposes. I HAVE READ AND FULLY UNDERSTAND THIS WAIVER AND MEDICAL AUTHORIZATION AND VOLUNTARILY SIGN IT.

Parent or Guardian Signature: _____ Date: _____

Does the participant have any condition that would prevent full participation in the above activity?

_____yes _____no ie. asthma, diabetes, seizures, allergies (bee stings), etc.

Please note in space below.

League Fee: \$35.00		pd:		Date:
Jersey Fee: \$11.00		pd:		N/A
Total:				