

Red & Black Girls' Basketball Skills Development Clinic (Grades 4-8)

Location: Salesian Boys and Girls Club behind Salesian College Preparatory-Richmond

Date: Sat, November 14, 2015
Check In/Registration: 9:00 AM
Clinic: 9:15 AM to 11:45 AM

RED & BLACK GIRLS' BASKETBALL SKILLS DEVELOPMENT CLINIC

This Basketball Clinic is specifically tailored for the 4th to 8th grade girl interested in improving her fundamental basketball skills. The clinic is led by Salesian College Preparatory Head Coach Steve Pezzola and members of his coaching staff. Coach Pezzola has many years of basketball coaching experience at both the high school and AAU level. The staff is expected to include Dustin Hirashima, Bernard Brown, Tery Lizarraga, Alana Horton, Isabell Ampon, Richard Rincon, as well as other guest coaches and members of the Pride Varsity Basketball team.
Space will likely be limited to 40.



Tuition: Pre-registration \$15.00
At the Door: \$25.00

(Please make checks payable to: Salesian College Preparatory).

For **Pre-registration**, send a check, a copy of this completed flyer, and a completed Sports Participation Release form by **November 6, 2015** to:

R & B Girls' Basketball
Salesian College Preparatory
2851 Salesian Avenue
Richmond, CA 94804

(SEE SPORTS PARTICIPATION RELEASE FORM ON REVERSE SIDE)

Player Name: _____
Player Grade (2015-2016): _____
Current School: _____
Parent Name: _____
Address: _____
Email Address: _____
Phone Number: _____
Date: _____

For more information please contact
Steve Pezzola at
spezzola@spezzola.com

REDANDBLACKCAMPS-GIRLS' BASKETBALL

Sports Participation Release Form

Dear Coach,

I hereby give my consent for _____ to participate in camps or clinics for the Red & Black at Salesian College Preparatory.

In rare instances, a medical or surgical emergency requiring treatment arises in which written consent by parents or a guardian is legally required, but the proper person cannot be located. In this event, and in order to avoid delay that might jeopardize the life or health of my daughter/son, I hereby provide the following permission, with the understanding that reasonable effort will be made to contact me in an emergency:

I hereby grant permission to medical personnel rendering care to my daughter/son to accept from the staff of Salesian College Preparatory which includes its coaches, and any other guest coaches that the camp utilizes permission and consent for emergency medical and dental evaluation and treatment, including, but not limited to diagnostic, drug, and/or alcohol testing and/or surgical procedures on my daughter/son.

I further give Salesian College Preparatory staff and the guest coaches permission to release pertinent health information concerning my daughter/son to the treating hospital and/or physician, and to give the treating hospital and/or physician permission to release copies of all medical records, laboratory and radiology reports to Salesian College Preparatory staff.

I agree that I will be responsible for any medical/pharmaceutical costs incurred that are not covered by medical insurance. I also agree that Salesian College Preparatory, including its staff, agents or employees, and the camp's guest coaches will not be liable for unknown or unforeseen conditions arising from medical/nursing treatment or medications received by my daughter/son.

I voluntarily agree, covenant and promise to accept and assume all responsibilities, and risk for injury, death, illness or disease or damage to myself, my daughter/son identified above, or to my property arising from my daughter/son's participation in the sport identified above, and the use of the premises, facilities, equipment and services offered by Salesian College Preparatory in connection with such sport. I, for myself and for my daughter/son, voluntarily release and forever discharge and covenant not to sue Salesian College Preparatory and its staff including its coaches, agents or employees, and all other persons or entities affiliated with the camp, from any and all liability, claims, demands, actions or rights or action, which are related to, arise out of, or are in any way connected with my daughter/son's participation in the camps specified above, any and all activities related to such sports, and the use of the premises, facilities, equipment and services offered by Salesian College Preparatory in connection with such sports, including, but specifically not limited to any and all negligence or fault of Salesian College Preparatory and its staff, including its coaches agents or employees or guest coaches. I further agree, promise and covenant, on behalf of myself and my daughter/son specific above, to hold harmless and to indemnify Salesian College Preparatory and its staff, including its coaches, agents or employees, and all other persons or entities related to Salesian College Preparatory, and the guest coaches from all defense costs, including attorney's fees, or from any other costs incurred in connection with claims for bodily injury, wrongful death or property damage brought by me, my daughter/son, or on our behalf.

I may be reached at _____ (home phone) or _____(work) or _____ (Cell). My daughter/son suffers from the following physical conditions that might result in emergency care, eg. Diabetes, asthma, hypertension, epilepsy, etc.

None, except for any listed below:

She/He is not allergic to any drugs except: _____

I further acknowledge that I am in the best position to determine the physical ability of my daughter/son to participate in the sports outlined above, and acknowledge that my daughter/son is in good physical and mental health, and not suffering from any condition, disease or disablement which would or could potentially adversely affect participation in the sport.

I HAVE READ THIS FORM, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS FORM IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Sign: _____ Date: _____

Player's Name: _____

Address: _____

Telephone Number: _____

Birth date: _____

Email Address of parent: _____