

Date: Sunday, February 26, 2012

**Red and Black Girls' Basketball
Skills Development Clinic
(Grades 5-8)**

**Check In/Registration: 11:45 AM
Clinic 12:00 PM to 2:30 PM**

This half day Basketball Skills Development Clinic is specifically tailored for the 5th through 8th Grade girl that is interested in improving her fundamental basketball skills. The Clinic will be staffed by members of the Salesian High School girls' basketball staff, led by Head Varsity Coach Steve Pezzola and other guest coaches. Coach Pezzola has many years of basketball coaching experience at both the AAU and high school level. Coach Pezzola's basketball staff includes, among others, Coach Greg Ginsburg, Coach Caitlin Andrus, Coach Michael Conn, Coach Tobin Richmond, and Coach Richard Rincon.

**Red and Black Girls'
Basketball Skills
Development Clinic**

Location: Salesian High School Gymnasium
2851 Salesian Ave.
Richmond, CA 94804

ACT NOW: Clinic will be limited to the first 40 girls.
Advance registration is suggested, but not mandatory.

**Tuition: Pre-registration \$15.00
At the Door: \$20.00**

(Please Make Checks Payable To: Salesian High School)
Students will be grouped by age, size, and ability to insure high instructor-to-student ratio and enjoyment

For Pre-registration: Please send a check, a copy of this completed flyer, and a completed sports participation release form by February 21, 2012, to:
R & B Girls' Basketball
c/o Girls' Basketball Program
Salesian High School
2851 Salesian Avenue
Richmond, CA 94804

For more information please contact
Tobin Richmond at 510-734-6935
Email: trichmond@salesian.com



Player Name: _____
Player Grade: _____
Current School: _____
Parent Name: _____
Address: _____
Email Address: _____
Phone Number: _____
Date: _____

SEE SPORTS PARTICIPATION RELEASE FORM ON REVERSE SIDE

RED AND BLACK CAMPS - 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 High School.

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 High School 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 High School 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 High School 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 High School, 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 High School in connection with such sport. I, for myself and for my daughter/son, voluntarily release and forever discharge and covenant not to sue Salesian High School 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 High School in connection with such sports, including, but specifically not limited to any and all negligence or fault of Salesian High School 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 High School and its staff, including its coaches, agents or employees, and all other persons or entities related to Salesian High School, 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 disability 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: