

5th Annual Pembroke Youth Basketball Mini-camp

Who: Open to boys and girls from 3rd through 8th grade

Where: Pembroke JR/SR High Gymnasium

When: Saturday, October 27th, 10am-noon

Cost: \$10 per player (pre-register or register at door)

Camp activities will include:

- Ball handling
- Post moves
- Shooting form
- Single & double direction moves
- One on one
- Competitive games

Camp will be directed by Pembroke Head Varsity Coach Matt Shay. The camp will also feature former college players and current players from the Pembroke Basketball Program.

If you have any questions please contact Coach Shay at 585-610-3755 or by email at mshay@pembrokecsd.org

Registration form (You can register at the door or it can be given, with waiver, to main office at Intermediate or JR/SR High. Direct to Matt Shay HS)

Students name _____

Grade level _____

Parent/Guardian name _____

Parent/Guardian Emergency Contact Phone Number _____

Do not fill out
Paid Y ___ N ___
Check ___
Cash ___

*If paying by check please make payable to Pembroke Youth Association

INFORMED CONSENT
AND ASSUMPTION OF RISK AGREEMENT
FOR PARTICIPATION

PARTICIPANT NAME: _____

PHONE: _____

ADDRESS: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE: _____

HEALTH INSURANCE: _____

ACTIVITY: Basketball Clinic

I hereby acknowledge that I and/or my children have obtained medical clearance from my physician to participate in the activity listed above . I further understand that I will be solely responsible for monitoring the manner and intensity of my and/or my child's participation in this activity, and will do so in a way which will not jeopardize my health, safety or physical well-being, or the health, safety or well-being of my child or other participants. In particular, I agree that I am solely responsible for my and/or my child's compliance with any restrictions identified by my or my child's physician as to participation in activity listed above. I further agree that if any circumstances occur which would impact my and/or my child's ability to participate in activity named above, I will cease to participate or allow my child's participation in activity named above.

I hereby agree to follow the directions of all staff with respect to my or my child's participation. I further acknowledge that failure to follow these directions may result in termination of my privileges to participate in the above mentioned activity.

I further understand that the staff reserves the right to terminate my participation in the above mentioned activity at any time, within its sole discretion.

I hereby acknowledge that my participation in activity named above involves risks, including possible injuries to the head, eyes, mouth, teeth, spine, joints, bones, skin, muscles, tendons and ligaments; dehydration; abnormal blood pressure; and heart disorders (including heart attacks). Based on the foregoing, I assume all risks associated with my and/or my child's participation in activity named above.

I further understand that there is a risk of damage to and/or loss (including theft) of personal items (including prescription eyewear and clothing), equipment and vehicles during my use of the District's facilities for activity named above. Based on the foregoing, I assume all of these risks and any other risks associated with my and/or my child's participation in activity named above.

I hereby release the Pembroke Youth Association, its members, agents and assigns, for all claims (of any nature) relating to my or my child's participation in activity named above, including, but not limited to claims for personal injury or death, and damage to or loss of personal items, equipment and vehicles.

I acknowledge that I have read this Agreement, fully understand it, and agree to its terms and conditions.

(User's Signature)

(Parent or Guardian's Signature)

(Date)