

RVHS Raven

2 Day Boys Basketball

Sundays, October 30 & November 6

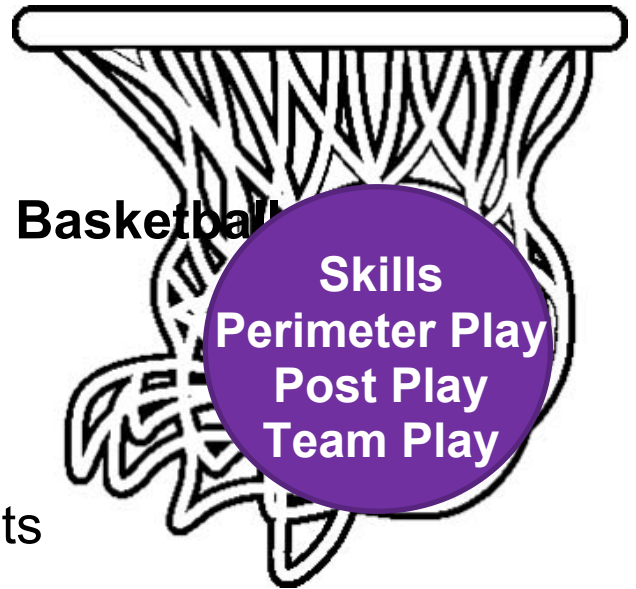
Grades: 3-5 1:30-4:00pm

Grades: 6-8 4:30-7:00pm

Cost: \$25 payable to Raven Youth Basketball

All attending this clinic will receive:

- 🏀 A Raven Basketball
- 🏀 A Raven Basketball T-shirt
- 🏀 Skill Development Practice Sheets
- 🏀 Prizes and Surprises
- 🏀 Admission to Raven Home BX



Student Name _____

Parent / Guardian Name _____

Address _____

Phone _____

Emergency Contact Name _____ Emergency Phone _____

Grade _____ Student T-shirt Size (Adult XL, L, M, S or Youth L, M)

I, _____ the undersigned custodial parent/legal guardian of _____ hereby grant permission for my student to participate in the Ridgeview High School Basketball Clinic. The undersigned acknowledges and understands the possibility of injuries resulting from the student's participation in the Clinic. The undersigned hereby releases and waives any and all claims, losses, damages, injuries to person or property, expense, cause of action or cost student has or has had or may have in the future against Redmond School District, its employees, agents, and all event sponsors arising from or relating to student's participation in and/or the conduct of the Clinic.

The undersigned represents the student is in good health and able to participate in the physical activity of a rigorous program. The undersigned also authorizes the director/staff of the Clinic to act according to their best judgment in seeking and obtaining medical care and treatment for the above named student.

The undersigned acknowledges that student must have insurance in order to participate in the Clinic and represents student is covered by _____ Insurance Company under _____ Insurance number.