

Raven

Boys Basketball Camp

Monday ~ Thursday, June 26-29

Grades: 3-5 9:00~12:00pm

Grades: 6-8 1:00~4:00pm

Cost: \$60 payable to Ridgeview HS Boys Basketball

*Preregister by **June 19** to receive a **\$5 discount**

john.nelson@redmondschools.org

*Need a **basketball**? Add \$10



All attending this clinic will receive:

- A Raven Basketball T-shirt
- Mini Games
- Prizes and Surprises
- Admission to Raven Boys Home BX Games

Student Name _____
Parent / Guardian Name _____
Street Address _____
Contact Phone _____ **Email Address** _____
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.

Signature _____ Date _____

Return completed form with payment to RVHS