



# Girls Summer Basketball Skills to Score Clinic

**When:**

June 15 – July 29

Tuesdays and Thursdays from 7:00 pm to 8:30 pm

Total of 14 sessions

**(June 29 & July 1 sessions at Roosevelt Middle School)**

**Who:**

Grades 4 – 8 (next school year's grade levels)

**Where:**

Blaine High School Field House

**Cost:**

\$50

Blaine assistant girls basketball coach Steve Carr will run the clinic, with help from a variety of coaches and varsity players. This will be an offensive skills to score clinic, with an emphasis on shooting and ball skills that will prepare all players to take their game to the next level. If you have any questions, please contact Steve Carr at (H)763-757-1272 or ©763-498-2971.

Please send the participation fee, registration form, and signed waiver form to:

Steve Carr  
13154 Pierce St. NE  
Blaine, MN 55434

Make checks payable to Blaine Girls Basketball

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Registration form - Girls Summer Basketball Clinic

Player Name (print) \_\_\_\_\_ Grade (2010-11) \_\_\_\_\_

Parent Name (print) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Parent Signature \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone** \_\_\_\_\_

Any medical conditions we should be aware of \_\_\_\_\_

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Be sure to mail in the following: **Registration form, participation fee, signed waiver form.**

# Blaine High School

## Waiver of Liability, Assumption of Risk, and Indemnity Agreement

*Print, complete, and return this form to the Blaine High School.*

Participant \_\_\_\_\_ Grade \_\_\_\_\_

Activity: \_\_\_\_\_

This form must be completed by the participant and his/her parents and approved by Blaine High School before a participant is allowed to participate in the activity.

I hereby give my consent for the above named participant to participate in the above names activity. I also agree to reimburse the Blaine High School for the cost of equipment and/or facilities that are damaged by the above participant during the activity. I understand Blaine High School cannot accept responsibility for personal items lost or stolen.

**Assumption of Risks:** Participation in Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint of back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in this Activity. I hereby assert that participation is voluntary by the above mentioned participant.**

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD HARMLESS Blaine High School from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of the above mentioned participants involvement in Activity and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Minnesota and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Father/Guardian Signature \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_, MN

Athlete's Birth date \_\_\_\_\_