SRV WOLVES BOYS YOUTH BASKETBALL CAMP 3RD-8TH GRADE

JUNE 24TH-28TH 8AM-11AM, SRV MAIN GYM \$250

CAMP EMPHASIS: Individual Skill Development, Team Development, and Competition.

SUPERVISED BY:
SRV COACHING STAFF

PROCEEDS BENEFIT SRV MEN'S BASKETBALL PROGRAM
Sibling discount available.
Email Coach Brian Botteen: Bbotteen@srvusd.net for guestions



BOYS YOUTH BASKETBALL CAMP

This Basketball Camp serves as a <u>fundraiser</u> for the Men's Basketball Program. The funds from the camp will be used for general operating expenses for the Men's Basketball program. The summer camp fundraising opportunity is <u>not intended for summer employment for coaches.</u>

CAMPER'S NAME:					AGE:	
PARENT'S NAME:				GRADE ENTERING:		
CIRCLE DESIRED SHIRT SIZE FOR CAMP:						
YOUTH M	YOUTH L	YOUTH XL	ADULT S	ADULT M	ADULT L	
PARENT CELL PHO	ONE #:					
ADDRESS:			CITY:		ZIP:	
INSURANCE:		F	POLICY #:			
EMERGENCY CONTACT:			CELL PHONE #:			
PARENT SIGNATU	RE:					

Make checks payable to: SRV Men's Basketball

Email Coach Botteen
(BBotteen@srvusd.net) for sibling
discount

Mail this page, waiver, and check to:
Attn: SRV Men's Basketball Director
SRVHS
501 Danville Blvd
Danville, Ca 94526

SR SCHOOL DISTANCE VINIFIED VINIFIED SCHOOL V

San Ramon Valley Unified School District

EXTRA CURRICULAR ACTIVITIES

VOLUNTARY PARTICIPATION FORM

and

ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

I authorize myself/my son/daughter,	to
participate in the district sponsored activities of	<u>.</u>
I understand and acknowledge that these activities, by their serious injury/illness to individuals who participate in such ac	
I understand and acknowledge that participation in these ac such is not required by the District for course credit or for co	
I understand and acknowledge that in order to participate in agree to assume liability and responsibility for any and all pot participation in such activities.	•
I understand, acknowledge, and agree that the San Ramo employees, officers, agents, or volunteers shall not be liable for my son/daughter which is incident to and/or associated with this activity and I voluntarily assume all risk, known or unleven if caused in whole or in part by the action, inaction, of fullest extent allowed by law.	or any injury/illness suffered by myself h preparing for and/or participating in known, of injuries, howsoever caused
The undersigned agrees to defend, indemnify and hold has School District, its Board of Trustees, officers, agents and e from and against all costs, losses, claims, demands, suits, actio legal and attorney fees, arising from personal or bodily in regardless of and however caused, brought or recovered againany reason from or during or be alleged to be caused by District's facilities, furniture or equipment, or nature of activity	mployees, individually and collectively ons, payments and judgments, including juries, property damage or otherwise nst any of the above that may arise fo the undersigned's (use/occupancy o
I acknowledge that the above named participant is in good he activities, including activities which are strenuous in nature.	ealth, and fully able to participate in the
I have carefully read this VOLUNTARY ACTIVITIES participant and that I understand and agree to its terms.	PARTICIPATION FORM and as a
Parent/Guardian	Date
Student Signature	 Date

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file before a participant will be allowed to participate in the above extra-curricular activities.