

WOLVES

BOYS YOUTH BASKETBALL CAMP



JUNE 12TH-30TH

MON-FRI  8-11AM

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

\$200 FOR 1 WEEK

\$250 FOR 2 WEEKS

\$300 FOR ALL 3 WEEKS

3rd-8th grade

At San Ramon Valley
High School

SUPERVISED BY:

COACH BOTTEEN & MEN'S BASKETBALL PROGRAM

PROCEEDS BENEFIT SRV MEN'S BASKETBALL PROGRAM



BOYS YOUTH BASKETBALL CAMP

This Basketball Camp serves as a fundraiser 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 not intended for summer employment for coaches.

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 PHONE #: _____

ADDRESS: _____ CITY: _____ ZIP: _____

INSURANCE: _____ POLICY #: _____

EMERGENCY CONTACT: _____ CELL PHONE #: _____

PARENT SIGNATURE: _____

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



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 _____.

I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirements.

I understand and acknowledge that in order to participate in these activities, my son/daughter and I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

I understand, acknowledge, and agree that the San Ramon Valley Unified School District, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by myself, my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity and I voluntarily assume all risk, known or unknown, of injuries, howsoever caused, even if caused in whole or in part by the action, inaction, or negligence, of released parties to the fullest extent allowed by law.

The undersigned agrees to defend, indemnify and hold harmless the San Ramon Valley Unified School District, its Board of Trustees, officers, agents and employees, individually and collectively, from and against all costs, losses, claims, demands, suits, actions, payments and judgments, including legal and attorney fees, arising from personal or bodily injuries, property damage or otherwise, regardless of and however caused, brought or recovered against any of the above that may arise for any reason from or during or be alleged to be caused by the undersigned's (use/occupancy of District's facilities, furniture or equipment, or nature of activity).

I acknowledge that the above named participant is in good health, and fully able to participate in the activities, including activities which are strenuous in nature.

I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and as a participant and that I understand and agree to its terms.

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.