



2023 Women's Basketball Skills Camp San Ramon Valley High School

High School **Beginner and Intermediate** Skills Camp

[And 7th-8th Grade ADVANCED skill level players.]

Fundamentals of Basketball Skills Camp

CAMP OBJECTIVE:

Promote skill development, conditioning and have FUN!

INSTRUCTION:

Footwork, ball handling, passing, shooting, games, and competition

LOCATION:

San Ramon Valley High School **Main Gym and Auxiliary Gym**

DATES/TIMES:

June 12th – June 30th	Monday – Friday	5pm – 7:30pm
June 12th – June 30th	Saturday	9am – 11am

FEE:

\$450 per participant

Includes instruction, supervision, and competition

NEXT STEPS:

- Complete and sign the **Information sheet**
- Read, sign and return the **Waiver of Liability**.
- Make check payable to: **SRVHS Women's Basketball** : \$500.00
- **Your check will secure a place in the camp.** You will receive a confirmation email that indicates you are enrolled in the Summer Camp Program.
- **ALL FEES/ APPLICATIONS / WAIVERS ARE DUE BY JUNE 1, 2023**

MAIL/DELIVER TO:

John Cristiano, Woman's Basketball
San Ramon Valley High School
501 Danville Blvd
Danville, Ca 94526
jcristiano@axiomdesign.com



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Information Sheet

The San Ramon Valley High School Women's Basketball Camps serve as a **fundraiser** for the Women's Basketball Program. The funds raised from the camp will be used for general operating expenses for the Women's Basketball Program. The Summer Camp fund raising opportunity is **not intended for summer employment for coaches**. Summer Camp shall not be a prerequisite or result in preferential treatment when participating in a district athletic program. Summer Camps are open to everyone!

Camper's Name (Print Clearly) First Name: _____ Last Name: _____

Age _____ Grade Entering (circle one) 9th, 10th, 11th, 12th [(circle one) 7th, 8th Advanced]

Parent Name (Print Clearly) First Name: _____ Last Name: _____

Address _____ City _____ Zip Code _____

Parent Work/Cell Phone # _____ Home Phone # _____

Parent E-Mail Address _____

Emergency Contact _____ Cell Phone # _____

Insurance Carrier _____ Policy Number _____

Parent Signature _____

Mail/Deliver To: John Cristiano, Woman's Basketball
San Ramon Valley High School
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Danville, Ca 94526
jcristiano@axiomdesign.com

Mail this page with your check and signed Waiver of Liability by June 1, 2023



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.