



CAMP FEE: \$65

Taylorsville Girls' Summer Basketball Clinic 2022

DATES & TIMES: June 13-16 1:00-3:00pm

GRADES INVITED TO PARTICIPATE: 7th - 12th

The clinic will focus on skills, fundamentals, and competitions.

Clinic Director

Reggie W. Jewkes

For more information, contact Reggie at: 801-433-7753

Location

Taylorsville HS

FEE TO BE PAID TO TAYLORSVILLE HIGH SCHOOL IN THE MAIN OFFICE

Office hours are: 9:00am-2:00pm

Name of Participant _____ **Male** ____ **Female** ____

Birth Date _____ **Age** _____ **School Grade** _____

Address _____ **City** _____ **State** ____ **Zip** _____

Name of Parent or Guardian _____ **Email** _____

Phone _____ **(mobile)** **Phone** _____ **(Secondary)**

In case of emergency please notify _____ **Phone** _____

ASSUMPTION OF RISK, LIABILITY RELEASE

1. I hereby recognize and acknowledge that my child's participation in recreational activities may involve bodily and/or emotional injury to me and/or my child. In consideration of my child being permitted to participate in such events, I, for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive and discharge Granite District, and its officers and employees and volunteers from any and all suits, claims or liability, including negligence, based on any injury except that caused solely by the willful misconduct of Granite District activities. In addition, I agree that I or my insurance company will pay for medical, hospitalization or any other expenses resulting from my child's participation.
2. I hereby authorize Granite District camp staff to act on my behalf in accordance with their best judgement in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise therefrom. I understand that I or my insurance company will be billed for such emergency treatment.
3. **This clinic is voluntary and is in no way a condition or pre-requisite for student participation to any program, team or school sponsored activity held within the Granite District.**
4. By signing this assumption of risk and liability release I acknowledge that I have read its contents, understand and agree to its terms.

Signature of Parent or Legal Guardian

Date

Paid