



Small Ball | Introduction to Basketball

Drills, Games and Fun

Boys and Girls entering 1st, 2nd, 3rd, and 4th Grade

Dates: July 28, 2009 – July 30, 2009

Time: Tuesday thru Thursday 9 a.m. - 12 p.m.

Location: Duxbury High School

Fee: \$ 135.00

For more information email info@billcurleybasketball.com or call 617-388-3377

Personal Information

Name: _____ Age: _____

Mailing Address: _____ Home Phone: _____

Male: _____ Female: _____ Grade: _____

E-mail address: _____ Medical Problems: _____

Mother's Name: _____ Father's Name: _____

Mother's cell phone: _____ Father's cell phone: _____

Tuesday thru Thursday 9 a.m. - 12 p.m _____

Mail payment to: Bill Curley Basketball Clinic PO Box 1563 Duxbury, MA 02331

I Waiver of Liability

Participant and Participant's Parent/Guardian, individually, and on behalf of their heirs, executors, administrators and assigns, do hereby release, waive, and relinquish, and forever hold harmless, Bill Curley Basketball Clinic, its agents, employees, and Bill Curley, from any and all liability and causes of action for any personal injury, bodily injury, illness, death, loss, or other damages to Participant whatsoever, which arise out of or in any way relate to Participant's participation in the Clinic.

II Medical Treatment

Participant and Participant's Parent/Guardian authorize the Clinic or its agents, employees, or representatives to obtain emergency medical treatment on behalf of Participant in the event that, in the opinion of the Clinic, Participant is in need of such treatment. Participant and Participant's Parent/Guardian further agree that they will be responsible for the payment of such medical treatment and further release the Clinic or its agents, employees, or representatives for any damages sustained by Participant in connection with the provision of emergency medical treatment. Participant and Participant's Parent/Guardian will indemnify and hold harmless the Clinic, its agents, employees, and Bill Curley for any claims or payment by providers of any such medical care.

I have read, understand, and voluntarily agree to be bound by each of the terms stated above.

Signature of Parent/Guardian: _____ **Date:** _____

Volunteer Coach: Yes: _____ Name: _____

