

St. Ursula Academy Basketball 2011-2012

Clinic At St. Ursula Academy

**July 20, 21 & 22, 2011 Grades 3-9
From 4PM to 7PM**

This clinic is for all 3rd, 4th, 5th, 6th, 7th, 8th and 9th grade players who want to learn how to play basketball and/or to improve their skill level.
All participants will receive a camp t-shirt.

Cost-\$100.00

Please check appropriate box and complete form. Mail entire form with check for the appropriate amount payable to **St. Ursula Academy**, 1339 E. McMillan St., Cinti., OH 45206. Attention: Mike Sipes.

Deadline - May 27, 2011. *If you have any questions call Coleen Vogelgesang at 961-3410, ext. 119.*

Basketball Clinic

_____ *Camp Registration*

Name _____ Age _____ Grade (Aug., 2011) _____

Address _____
street city state zip

Phone _____ Cell Phone _____ Current School _____

Email address _____

Doctor _____ Phone _____ Preferred Hospital _____

List any medical concerns St. Ursula should be aware of _____

Person to contact in case of an emergency:

Name _____ Relationship _____ Phone _____

Best Position _____ Years Experience _____

Youth – T-shirt size S M L XL OR Adult – T-shirt size AS AM AL

Parent's Signature _____

Release of Legal Guardian on Behalf of Minor

St. Ursula Academy Basketball Clinic

The undersigned, on behalf of _____ a minor whose birthday is _____, 19_____, and for whom the undersigned is the natural or legal guardian, hereby releases St. Ursula Academy, its trustees, officers, administrators employees and agents, from any and all liability of whatever nature relating to or in any manner arising out of the use by such minor of the St. Ursula Academy's program(s) and/or facilities. Furthermore, the undersigned agrees to indemnify and hold harmless St. Ursula Academy, its trustees, officers, administrators employees and agents, from any and all damages, expenses or other losses arising from or in connection with any suit, or other legal proceedings or otherwise, including attorneys' fees with respect to the use of St. Ursula Academy's program(s) and/or facilities or any part of them by the minor named above. This release and indemnification shall be binding upon the personal representatives, heirs and assigns of the undersigned and of the minor named above.

I acknowledge that I have full power of authority to sign this document on behalf of the above minor, that I have read the foregoing paragraph, that I understand it, and that I have the option to have it reviewed by legal counsel prior to signing, and that I freely execute this document on behalf of the above minor.

Signature of Parent/Guardian

Date

Print Name