



Summer Youth Skills Clinics

5-8th Graders Interested In Basketball

Learn Skills and Drills with Union High School

Monday's 7:30am-9:30am

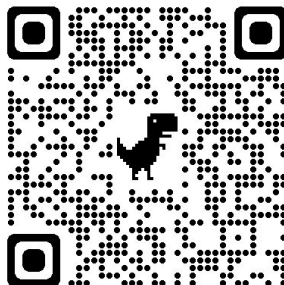
Some dates and times are subject to change based on tournaments, school scheduled games, and outside events

- **Cost: \$3 per day or \$10 for All**
- **Dates: June 12th-July 3rd**
- **Location: Union High School**

"COMPETE WITH PASSION, PURPOSE, AND RELENTLESS EFFORT"

For more information please contact Coach Howell by email at chowell@cguhsd.org

Scan QR for Registration and Waiver



Casa Grande Union High School
2730 N. Trekell Rd, Casa Grande, AZ 85122

CLINIC LIABILITY WAIVER AND CONSENT FOR MEDICAL

Player Name: _____

Grade: _____

School _____ the _____ Attend: _____

Guardian Name(s): _____ (#1) _____

(#2) _____ Emergency Phone: (Contact

#1) _____ (#2) _____

Parent _____ Email: _____

Permission to photograph my child during camp participation for publicity use and/or new release: Yes ___
No ___

Liability Waiver: Basketball presents certain inherent risks and hazards, which the Player-participant and parent/guardian are urged to consider and which the Player assumes. To the best of my knowledge, there are no physical or other health-related conditions, which will interfere with my child's participation unless noted above. I, the undersigned parent/guardian for the above named Player, understand and acknowledge that such recreational activities have inherent risks, dangers and hazards, foreseeable and unforeseeable, that may result in injury, illness, or property damage, and on behalf of myself, my family, agents and contractors, I hereby release and agree to hold harmless Casa Grande Union High Schools Boys Basketball, its sponsors and its registered volunteer coaches, managers, club officers and directors, from all claims, actions, or losses related thereto. Casa Grande Union High School Boys Basketball, assumes no liability for injury or damage arising from the results of participation of the above Player unless due to willful fault or gross negligence on the part of Casa Grande Union High School Boys Basketball.

Medical Treatment Release: Due to the strenuous nature of basketball, the Player participant is urged to consult her physician concerning her fitness to participate. I, the undersigned parent/guardian for the above named Player hereby approve of my child's participation in the Classics Basketball program and consent to emergency medical treatment for my child on my behalf. I also authorize any registered adult of Casa Grande Union High Schools Boys Basketball Club to obtain any necessary medical treatment for my child on my behalf, in case of an emergency, where I am not present and with the understanding that I will be notified as soon as possible. My health insurance information has been provided above.

Parent Signature: _____

Date: _____

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Registration/Waiver for
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