



City Of Newman Recreation Department

BASKETBALL CAMP 2017



WHEN: Monday July 10th to Friday July 14TH

TIME: 4:00 p.m. to 6:00 p.m.

WHERE: Hunt Elementary School Gym

AGES: 3rd to 8th graders

WHAT: This is a recreational camp instructed by Recreation Staff. Focus will be on fundamentals and team skill building.

FEES: \$25.00 per student Additional \$10 Fee for Participants residing outside the Newman Crows Landing School District

BEGIN REGISTRATION: May 1st

REGISTRATION DEADLINE: Wednesday July 9, 2017

**REGISTER: Newman Youth Center 831 Hardin Road
Newman, CA 95360 Mon-Fri 2:30p.m. to 6:00 p.m.**





City of Newman Recreation Department

YOUTH BASKETBALL CAMP
REGISTRATION CONTRACT

FOR OFFICE USE ONLY
Amount Paid:
Cash Check#:
Initials:

Please Print

Child's Name: Check One: Male Female

Birth Date: Grade:

Home Address: City: Zip:

Home Phone Number: Cell Phone Number:

Parent or Legal Guardian's Name:

May we contact you at work? Yes No Work Phone Number:

List any medical/physical condition that your child has that we need to be aware of:

During your child's participation in this activity, will he/she need use of an inhaler or other medically necessary medications? Yes No (If yes, you must fill out a Parental Consent form for Self Administration of Medicine when you register.)

The City of Newman Recreation Department has my permission to use my or my child's photograph publically to promote the programming. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use. YES NO

Emergency Contact Name (Other than self): Relation:

Home Phone Number: Cell Number:

CONSENT OF WAIVER FOR PARTICIPANT: Permission to participate in the above program sponsored by the City of Newman is given for me and/or my minor child. I understand that the City of Newman carries no medical insurance for any of its programs or activities. I hereby agree to indemnify and hold harmless and release the city of Newman and the Newman/Crows Landing School District, its agents and employees, from any risk and all liability for any injury suffered by myself or my minor child rising from or connected with this program and I will assume all risk for any injuries. I understand that a physician's clearance is recommended prior to participation. I hereby authorize Newman Recreation Department or its volunteers to seek medical treatment if my child becomes injured or ill.

I also understand the following refund policy: Full refund with the exception of a \$10.00 administrative fee charge, until the final day of registration. After the final day of registration, NO REFUNDS WILL BE ISSUED. I understand that there is a \$20 service charge on all returned checks. This fee as well as all original charges must be paid in cash at Newman Youth Center before my child will be allowed to participate.

I also understand that I must get my child to camp on time and pick them up on time. Remember this is your responsibility not the coaches or staffs responsibility.

I agree to conduct myself in a sportsmanlike manner at all times. I understand that this is expected of players, parents, and other family members or friends and that the Recreation Department staff has the authority to remove anyone violating this stipulation without discussion.

I certify that I have read this contract, understand its provisions, and that the information is accurate.

Parent or Guardian's Signature

Date

Email Address: (Receive information via email about upcoming events or programs.)