



CITY OF NEWMAN RECREATION DEPARTMENT BASKETBALL CAMP

WHEN: Monday July 11th to Friday July 15th

TIME: 4:00 P.M. – 6:00 P.M.

WHERE: Hunt Elementary School Gym

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

AGES: 3rd – 8th grades

FEES: \$25.00* per student
Additional \$10.00 fee for participants residing
outside the Newman Crows Landing School
District

REGISTRATION DEADLINE: Wednesday July 9, 2016

REGISTER: Newman Youth Center
831 Hardin Road
Newman, CA 95360

**Monday – Friday
2:30 P.M. – 6:00 P.M.**

MORE INFO: Call the Recreation Department at 862 – 4440 or fill out
and print application at www.cityofnewman.com.



"RAP" will not be offered for camp.



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.)

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: _____

(Only if you would like to receive information via email about upcoming events or programs.)