

Nogales High School's Basketball Program invites you to our: 2017 Summer Basketball Camp



NOGALES HIGH SCHOOL BASKETBALL

<http://nogalesbasketball.com>



**FAMILY,
WORK ETHIC,
COMMITMENT.**



Nogales High School Basketball Camps - Summer 2017

SCHOOL IS OUT!! Nogales High School's Boys' & Girls' Basketball Programs would like to invite you to our 2017 Summer Basketball Camps. Our Fall and Spring Camps were a huge success! We are looking to shatter our attendance record this Summer (50+ campers) - with a fun-filled 8 days of hoops!

Please join us during Summer Break for an exciting **EIGHT** days of fundamental basketball skill development. Our experienced coaching staff will break down the offensive and defensive fundamentals you need in order to be a successful basketball player!

We are looking forward to teaching and learning with you!

Our basketball camp will be directed by the Nogales Boys' Varsity coaching staff, led by Coach Sameer Bhatt (Bonita HS, Chino Hills HS, UCLA camps), and the Nogales Girls' Varsity coaching staff, led by Coach Peter Wang.

Contact Information:

Coach Bhatt: T: 909 815-2532 / e-mail: nogalesbball@gmail.com

Coach Wang: T: 909 342-3488 / e-mail: pcwang86@gmail.com

Camp Details:

- ▶ Our camp is open to ANY student-athlete enrolled in grades: 2-8, from ANY school district.
- ▶ **REGISTRATION IS AVAILABLE ONLINE AT:**
<http://nogalesbasketball.com/nogales-basketball-camp/>
- ▶ Please fill out the attached liability forms and bring them with you - **ON SITE (same day) registration is also accepted.** Liability forms are located at the link above.
- ▶ Please bring water and a small snack to stay energized throughout the 3 hr. session (lunch is not provided).
- ▶ **Points of emphasis:** Footwork, defensive position, offensive skill development, team concepts and much more!

When: Session 1: July 10 - July 13, 2017 (Mon. - Th.)
Session 2: July 17 - 20, 2017 (Mon. - Th.)

Where: Nogales Gymnasium (Mack Pace Pavilion)
401 Nogales Street, La Puente, CA 91744

Time: 9:00am-12:00pm (Monday - Thursday)
(registration / check-in at 8:15am on 1st Day of each session (July 10 and July 17))

Price: \$20.00 per each day (\$80.00 for 4 day session)
(multiple student enrollment discount: \$18 per each day):
\$72.00 for 4 day session

Multiple session registration bundle price: \$150.00



**ROWLAND UNIFIED SCHOOL DISTRICT
INJURY WAIVER AND RELEASE OF LIABILITY
AUTHORIZATION FOR MEDICAL TREATMENT
CONSENT TO PARTICIPATE**

Athlete's Name: _____ Sport or Activity: _____

Date of Birth: _____

Address: _____ City _____ ZIP Code _____ Phone: _____

Parent/Guardian Name(s): _____ Phone: _____

Address: _____ Emergency Phone: _____

School: _____

**WARNING OF POSSIBLE SERIOUS, CATASTROPHIC, AND PERHAPS FATAL INJURY RESULTING FROM ATHLETICS OR
OTHER EXTRACURRICULAR ACTIVITIES AND CLUBS**

By its very nature, athletics and physically demanding extracurricular activities, including tryouts, may put students in situations in which SERIOUS, CATASTROPHIC and perhaps FATAL ACCIDENTS may occur resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairments as a result of such participation. Some of the injuries/illnesses which may result from participating in these activities include but are not limited to the following:

- | | | | |
|--------------------|--------------------------|-----------------------------|-----------|
| 1. Sprains/strains | 4. Paralysis | 7. Neck and Spinal injuries | 10. Death |
| 2. Fractured bones | 5. Loss of eyesight | 8. Brain damage | |
| 3. Unconsciousness | 6. Communicable diseases | 9. Internal organ injury | |

I understand and acknowledge that participation in these activities by my son/daughter is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirements. I understand and acknowledge that in order to participate in these activities, I/we and my/our son/daughter agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

VOLUNTARY TRANSPORTATION AGREEMENT

It is fully understood that the District is not responsible, nor does the District assume liability for any injuries or losses resulting from non-district sponsored transportation. As parent/legal guardian, I hereby authorize and give permission for my child to transport himself/herself or to ride as a passenger in a vehicle driven by another student or parent. I also understand that the driver is not driving as an agent or on behalf of the District.

INJURY WAIVER AND RELEASE OF LIABILITY

For and in consideration of permitting the above named child to participate in the activity described above the undersigned does for him/ herself, his/ her heirs, executors, administrators and assigns, hereby voluntarily release, waive, discharge, and relinquish any action or cause of action which may hereafter arise for himself/ herself and agrees that under no circumstances will he /she or his / her heirs, executors administrators and assigns prosecute any claim for personal injury, bodily injury, property damage, or wrongful death against the Rowland Unified School District, any of its officers, agents, or employees for any said causes of action which shall arise due to the negligence of any of said persons. In the event of such prosecution or claim I/we shall indemnify and hold harmless the Rowland USD from any and all claims or causes of action presented for personal injury, property damage or wrongful death.

**ROWLAND UNIFIED SCHOOL DISTRICT
INJURY WAIVER AND RELEASE OF LIABILITY
AUTHORIZATION FOR MEDICAL TREATMENT
CONSENT TO PARTICIPATE**

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AUTHORIZATION FOR MEDICAL TREATMENT

In the event of emergency illness or injury, I do hereby consent to whatever examinations, X-rays, anesthesia, medical, surgical, dental treatment, or hospital care are considered necessary, in the best judgment of the attending physician, surgeon, or dentist, as he or she shall think the existing emergency requires, for the relief of pain, and/or the preservation of life and /or health and well being of my child. Any costs incurred in this connection not covered by the undersigned's insurance shall be paid by the undersigned.

☐ Check here if there are no special problems the staff should be aware of and no drugs are required.

☐ Check here if child has special medical conditions, or if medicine is to be taken by the student and complete the below questions:

List all medical conditions and allergies _____

Name of Prescription Drugs _____

Reason for Taking _____

Dosage _____

FAMILY MEDICAL COVERAGE

Insurance Company _____

Plan, Policy or Group Number _____

Name of Insured Party _____

Insured Party's Medical ID Number _____

Insured Party's Employer or Group Name _____

Personal Physician Name _____ Phone Number _____

CONSENT TO PARTICIPATE

I have read this notification in its entirety, understand it, agree to abide by its terms, sign it voluntarily, and hereby grant permission for my child to participate in this activity.

Parent/Legal Guardian Signature _____

Parent/Legal Guardian Signature _____

Date signed _____