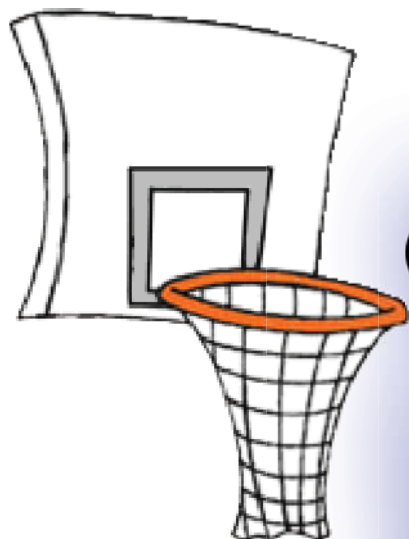


Sabers / Saberettes **YOUTH BASKETBALL**



**FREE
CLINIC**

SUNDAY, SEPTEMBER 19

2:00-4:00 PM

AGES 5-10

NO EXPERIENCE NEEDED



East San Gabriel Valley
Japanese Community Center
1203 West Puente Avenue
West Covina, California 91790

Maximum 40 participants
First come, first serve basis
Please RSVP to
(626) 960-2566 or bleong@esgvjcc.org



SABERS/ SABERETTES YOUTH BASKETBALL 2010 BASKETBALL CLINIC

REGISTRATION FORM

PLAYER'S INFORMATION			
Name		Birthdate	
Address			
City	Zip	Phone	
Email Address			
Basketball Experience		If yes, where	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Allergies			
Medical Insurance Carrier		Plan Number	
Emergency Contact Person		Phone	

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of participation by my child in the basketball program sponsored and operated by the East San Gabriel Valley Japanese Community Center, a non-profit corporation ("ESGVJCC"), the Undersigned, for him or herself, and his or her child, personal representatives, and next of kin:

1. Hereby Releases, Waives, Discharges, and Covenants Not to Sue or Seek Compensation From the ESGVJCC and its respective officers, directors, members, volunteers, employees and agents (collectively "Releasees") in connection with any liability, injury, or harm which may arise as a result of my child participating in such program.
2. Hereby Agrees To Indemnify And Save And Hold Harmless Releases from any loss, liability, damage, or cost they may incur due to the participation of the named child in such program.
3. Hereby Acknowledges that participation by my child in such program necessarily involves risk of and could result in physical injury to my child.
4. Hereby Consents to whatever emergency medical and/or life-saving treatment may be necessary for the named child, in event of injury or other medical or life-threatening emergency; and hereby authorizes the clinic adviser and clinic adult coaches, acting in the capacity of activity supervisors, as my agent to consent to treatment and/or care at any hospital in such emergency.
5. Hereby Warrants that no representations, statements, inducements, or guarantees have been made apart from this written agreement.
6. Hereby Warrants that he or she has read, understands, and voluntarily signs this RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT.

Parent's Signature _____ Date _____

Please send signed registration form to the East San Gabriel Valley Japanese Community Center office by September 10, 2010