



Come support the JV and Varsity
Boys Basketball Teams

Tuesday, December 27, 2016

BASKETBALL CLINIC

The Methacton Boys Basketball program is hosting a basketball clinic for boys and girls in grades 3 – 6. The coaches and players of the boys' basketball team will be teaching some basic skills of the game. This will be a fun, energetic day for all of the kids! Registration will begin at 10:00AM in the Main Gym Lobby of the High School. The cost is only \$20 per student. There will be no pre-clinic registration, however, we do ask that you complete the attached medical waiver and bring it to registration on the day of the clinic. Hope to see you there!

Come out and meet the JV and Varsity Boys Basketball Teams

All boys and girls in grades 3 – 6 are welcome to attend.

Date: 12/27/2016

Time: 10:30AM – 1PM

Cost: \$20

Place: Methacton High School Gymnasium





Methacton Boys Basketball Mini-Clinic Medical Waiver

***The completed medical waiver form must be submitted at the registration table on 12/27/16.**

Name of Child: _____

Age of Child: _____

Parent/Guardian's Name: _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

Doctor's Name and Phone Number: _____

Insurance ID Number: _____

**In the event of an emergency, do we have permission to take your child to a hospital?
(Yes or No) _____**

Allergies/Special Instructions: _____

Terms and Conditions:

In case of an emergency, I grant the coaches or camp personnel the right to authorize medical care if none of the emergency contacts can be reached. I represent and warrant that my child is physically fit and able to participate in this activity. I agree to hold harmless the Methacton School District and Warrior Boys Basketball Camp Staff from any liability, claims, demands and causes of action whatsoever, arising out of my child's participation in this activity.

I attest that I currently hold medical insurance and will be totally responsible for medical treatment that may be necessary if my child becomes injured while involved in this activity.

I have read, understand and agree to the terms of this Agreement.

Parent/ Guardian Printed Name

Signature

Date