



Post Basketball Kids Clinic

Who?

Boys & Girls ages 4th Grade & Up

What?

Fun basketball activities & drills with individualized skill instruction from Head Coach Marc Kuntz, his staff, and Post University basketball players

When?

Friday, November 4th 6-8pm

Where?

*The Drubner Center at Post University
800 Country Club Road
Waterbury, CT 06708*

Cost?

\$30 per camper

(Families registering multiple campers are eligible for a discounted rate)

For more information, contact assistant coach Justin Lang at klang@Post.edu or (603) 781-5759

Please make checks payable to **Post Basketball** and mail to:
Justin Lang, ATTN: Men's Basketball, Post University,
800 Country Club Road, Waterbury, CT 06705

Name: _____ Age: _____

Email: _____

Phone: _____

Address: _____

Please fill out waiver on the backside of this sheet and mail in with payment





ASSUMPTION OF RISK PARTICIPATION AGREEMENT

POST BASKETBALL KIDS CLINIC FRIDAY, NOVEMBER 4, 2016 6-8 PM

I, THE UNDERSIGNED, AM THE LEGAL GUARDIAN OF _____
(FULL NAME OF CHILD), AND IN CONSIDERATION OF his/her participation in a basketball activity in connection with POST BASKETBALL KIDS CLINIC, to be held Friday, November 4, 2016, at the Post University Drubner Gymnasium, I, THE UNDERSIGNED, am fully aware of the dangers, risks and hazards inherently involved with all physical activities to which my child may be exposed during his/her participation. Therefore, I, THE UNDERSIGNED, hereby agree to assume all risks and responsibilities surrounding or in any way involving my child's participation including all inherent risks, dangers or conditions, involved with his/her participation during this activity.

I CONFIRM that my child has had recent medical exams and is in good health to participate in this event and I have disclosed all known allergies and medical conditions concerning my child to the POST BASKETBALL KIDS CLINIC. I understand that in the event of serious illness or injury, first aid will be given to my child and I will be notified.

I FURTHER AGREE for myself, and on behalf of my heirs and assigns, by signing below, to indemnify, hold harmless, release and forever discharge Post University, its employees, directors, officers and/or agents from and against any and all claims, demands, and causes of action on account of damage to personal property, personal injury, or bodily injury, which may result from my child's participation in his/her involvement during the basketball clinic that may arise from causes beyond control or without negligence of Post University, its employees, directors, officers, employees and/or agents.

I ACKNOWLEDGE THAT I HAVE READ THIS ENTIRE DOCUMENT, UNDERSTAND ITS CONTENTS AND AGREE TO ITS TERMS.

DATE: _____

SIGNATURE PARENT/LEGAL GUARDIAN: _____

PRINTED NAME: _____

Phone – Please Circle: (cell/work/home) _____