



## 2019 EDMONDS-WOODWAY WARRIORS BASKETBALL CLINIC

Sponsored by the Edmonds School District



**When:** Friday October 18<sup>th</sup>

**Where:** Edmonds-Woodway High School

**Time:** 9:00am-3:00pm

**Who:** Boys and girls currently in 3<sup>rd</sup>-6<sup>th</sup> grades

**Cost:** \$50

**Director:** Michael Richards, EWHS Assistant Coach

**Focus:** It's a non-school day, so why not come out and play some hoops! Each clinic will be run by EWHS Coaches and current players. Be sure to wear comfortable clothes and basketball shoes.

**Skills Emphasized:**

- *Shooting form & drills*
- *Individual and team competitions*
- *3 on 3/5 on 5 games*

**Questions:** please email Michael Richards: [richardsm@edmonds.wednet.edu](mailto:richardsm@edmonds.wednet.edu)

Make checks payable to: ESD and mail/submit registration to:  
Michael Richards/Basketball Clinic  
7600 212th Street SW  
Edmonds, WA 98026

Name of Child: \_\_\_\_\_ Grade in Fall 2018: \_\_\_\_\_

Current School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

As a parent or guardian of a student requesting to register for participation in the **2019 Warrior Basketball Clinic**, I hereby acknowledge that I have read, understood, and agree to the following:

1. I acknowledge that the sport of basketball entails many risks of injury, even when played in an instructional clinic environment. These risks of injury include, but are not limited to, death, serious neck and spinal injuries (which may result in complete or partial paralysis), brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of the body, general health, and well-being. \_\_\_\_\_ (Parent initial)
2. I further certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. \_\_\_\_\_ (Parent initial)

**Medical Information**

The following special health problems should be noted: \_\_\_\_\_  
\_\_\_\_\_

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

\_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Release**

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the Edmonds School District to secure emergency medical care as needed.

Name of Preferred Doctor \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Insurance**

I understand that I am assuming financial responsibility for medical expenses that may arise from my child's participation and that the Edmonds School District requires but does not provide medical insurance for my child. I certify that my child has current medical coverage under the following plan:

Health Insurance Carrier: \_\_\_\_\_ Plan Number (required): \_\_\_\_\_

*All participants are required to have medical or student accident insurance. Student accident insurance is available through your school. Contact your school's main office, head coach, or school athletic trainer for information.*

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Although I understand that the Edmonds School District will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in this activity, including physical injury and/or death. Being fully aware of the risks, I hereby give permission

for \_\_\_\_\_ who attends \_\_\_\_\_  
(Student) (School)

to participate in the **2019 Warrior Basketball Clinics on 10/18 at Edmonds-Woodway High School**, for the purpose of practicing fundamental running skills in order to enhance skill and performance level.

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
(please print)

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_