

2010

Youth Basketball Clinics



Hit nothing but net with us
as we practice and focus
on the fundamentals of Basketball!!!

Brought to you by:



In Germantown

8 week Sessions - Tuesday Nights!!!

<u>Ages</u>	<u>Time</u>	<u>Cost</u>
5-8	6:00 - 7:00pm	\$140
9-12	7:00 - 8:00pm	\$150

Spring, Summer, & Fall

Session I: March 23rd – May 18th*

Session II: May 25th – July 13th

Session III: July 27th – September 14th

Session IV: September 28th - November 16th

*No class March 30th

Minimum of 6 students required per class.

Classes may be combined in order to fulfill attendance requirements.

Sign up at www.discoverysportscenter.org or call 301-528-1480 for more information.

2010 YOUTH BASKETBALL CLINICS

Please complete form below and mail or fax with payment to:

Discovery Sports Center, 18031 Central Park Circle, Boyds, MD 20841 / Fax: 301-540-4276

Registration Form: Spring, Summer & Fall Youth Basketball Clinics

Session: (Please circle) Session I Session II Session III Session IV
Ages: (Please circle) 5-8 9-12

Player's Name: _____

Birthdate: _____ Age: _____ Grade: _____ Gender: (please circle) M F

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____

Cell: _____ Fax: _____

Email: **(mandatory)** _____

Payment Information: \$140 for ages 5-8 basketball clinics. \$150 for ages 9-12 basketball clinics.
Payment includes all appropriate fees, taxes and a \$50 non-refundable administrative fee.

Credit Card: (Circle) Visa MasterCard—Card #: _____ Exp. _____
Amt: _____ V-Code _____ Zip Code _____

Signature of Card Holder: _____

Check: (Made Payable to Discovery Sports Center) Number: _____ Amt: _____

Cash: All cash payments must be made in person.

Refund Policy: \$50 non-refundable administration fee.

Consent and Liability Waiver - Release of all claims (must be signed by parent or guardian)

I, _____ (parent/guardian), am the parent or legal guardian of _____ (minor child). As lawful consideration for my minor child being permitted to participate in the Discovery Sports Center Indoor League, Camp, or Clinic. I agree that neither my minor child nor I will make a claim against, sue, attach the property of or prosecute Maryland Soccer Foundation, Discovery Sports Center, Maryland SoccerPlex and their agents, sponsors and employees for damages for death, personal injury or property damage which my minor child may sustain as a result of my child's participation in these sporting activities. This release is intended to discharge in advance Maryland Soccer Foundation, Discovery Sports Center, Maryland SoccerPlex and their agents, sponsors and employees from and against any and all liability, including for negligent actions, arising out of or connected in any way with my minor child's participation in the sports league, camp or clinic except for liability that may arise out of the willful or wanton misconduct of Maryland Soccer Foundation, Discovery Sports Center, Maryland SoccerPlex and their agents, sponsors and employees. I FURTHER UNDERSTAND THAT SPORTS INVOLVE PHYSICAL CONTACT BETWEEN PLAYERS, THAT SERIOUS ACCIDENTS OCCASIONALLY OCCUR DURING SUCH SPORTING ACTIVITIES, AND THAT PARTICIPANTS IN SUCH SPORTING ACTIVITIES OCCASIONALLY SUSTAIN SERIOUS PERSONAL INJURIES (INCLUDING DEATH) AND/OR PROPERTY DAMAGE, AS A CONSEQUENCE THEREOF. KNOWING THE RISKS OF PARTICIPATION, NEVERTHELESS, I HEREBY AGREE THAT MY MINOR CHILD AND I ASSUME THOSE RISKS AND RELEASE AND HOLD HARMLESS MARYLAND SOCCER FOUNDATION, DISCOVERY SPORTS CENTER, MARYLAND SOCCERPLEX AND THEIR AGENTS, SPONSORS AND EMPLOYEES WHO (THROUGH NEGLIGENCE OR CARELESSNESS) MIGHT OTHERWISE BE LIABLE TO ME, MY MINOR CHILD (OR OUR HEIRS OR ASSIGNS) FOR DAMAGES. I attest that I am eighteen (18) years old or older, and that my child is physically fit and has no known medical conditions which prohibit participation in this sport. My child and I agree to follow all laws, rules and guidelines regulating the conduct of the league, camp or clinic. I understand and agree that my child and I are responsible for the mechanical and/or operating condition of any and all sporting equipment provided by my child or by me for my child's use, and I agree that my child and I will continuously inspect and maintain all equipment used, even if we have obtained any of the equipment from Maryland Soccer Foundation, Discovery Sports Center, Maryland SoccerPlex, their agents, sponsors and/or employees. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY FOR MYSELF AND MY CHILD AND A CONTRACT BETWEEN MYSELF, MY CHILD AND DISCOVERY SPORTS CENTER, MARYLAND SOCCERPLEX AND THEIR AGENTS, SPONSORS AND EMPLOYEES, AND I HAVE SIGNED IT OF MY OWN FREE WILL. I also agree that Discovery Sports Center, Maryland SoccerPlex and their agents, sponsors and employees may use my child's photograph in future promotions.

Signature: _____ Date: _____

Print Name: _____

