

Youth Basketball Clinics

Brought to you by the



in Germantown.

Session I : March 13 – May 8 (no class 4/3)

Session II : May 15 – July 3

Session III : July 10 – August 28

Session IV: September 4 – October 23

AGES	TIME	LEVEL	COST
5-8	6pm-7pm	Beginner	\$140
5-8	6pm-7pm	Intermediate	\$150
9-12	7pm-8pm	Beginner	\$150
9-12	7pm-8pm	Intermediate	\$160

**8 week session,
Tuesday Nights!**



Minimum of 6 students required per class. Classes may be combined in order to fulfill attendance requirements.

Top half for customer, mail or fax bottom half (if faxing, be sure to fax front and back)

SESSION: Session I Session II Session III Session IV **AGES:** 5-8 9-12
LEVEL: Beginner Intermediate

Please Print Clearly!

Player's Name: _____
 Birth Date (mm/dd/yy): _____ Age: _____ Grade: _____ Gender: _____
 Mom's Name: _____ Dad's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Email (Mandatory): _____

Payment: \$140 for beginner ages 5-8. \$150 for intermediate ages 5-8 and beginner ages 9-12. \$160 for intermediate ages 9-12.
 These fees include all appropriate fees, taxes and a \$50 non-refundable administration fee.

Amount Paid: \$ _____

CC: Visa or MasterCard - Card #: _____ Exp. Date: _____ V-Code (3-digit # on back): _____

Signature of Card Holder: _____ Zip Code: _____

Check: Make payable to Discovery Sports Center. Check #: _____

Cash: Must be paid in person.

Youth Basketball Clinics • 2012 • Registration Form & Consent/Liability Waiver

Mail to: Discovery Sports Center, 18031 Central Park Circle, Boyds, MD 20841

Phone: 301.528.1480 • Fax: 301.540.4276

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Dribble!

Shoot!

Score!

Check out www.discoverysportscenter.org!

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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, Program, Camp, Clinic or any other activity at or through the Maryland Soccer Foundation, Discovery Sports Center or Maryland SoccerPlex. 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, building contractors, suppliers, 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, building contractors, suppliers, 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, program, camp, clinic or any other activity 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: _____ **Print Name:** _____ **Date:** _____