

St. Augustine High School

6 - Week Basketball Sessions



Session Info:

- ~ St. Augustine HS Gym
3266 Nutmeg St., SD 92104
- ~ Saturday mornings - 8 - 9 a.m.
- ~ Session #1
- November 7 - December 19
- ~ Session #2
- January 9 - February 20
- ~ Co - Ed (3rd - 8th grade)
- ~ Session Fee = \$100/camper



**see reverse
side for more
information

email: coachbrooks@play-bc.com; phone: 619/850-2209



Campers Name: _____

DOB: ___/___/___ School: _____

Parent/Guardian's Name: _____

Mailing Address: _____

City: _____ Zip: _____

Email Address: _____

Day Phone Number: ___/___-___

Payment Enclosed: \$ _____ (checks payable to Saints Basketball)

To Register:

Mail Registration Form to:

St. Augustine Basketball PMB #202
16625 Dove Canyon Road, #102
San Diego, CA 92127-3490



Coach Mike

- ~ Head Varsity Basketball
- ~ 7 consecutive seasons
CIF title game
- ~ '01, '02, '04 CIF Champs

Coach Brooks

- ~ Operates San Diego training
programs
- ~ Works w/ 750+ campers/year
- ~ Played pro ball overseas



The Training:

- ~ Shot technique
- ~ Movement w/o the ball
- ~ Individual/Team defense
- ~ Ball handling
- ~ Passing under pressure
- ~ Spacing on the floor
- ~ Footwork, footwork, footwork
- ~ Teamwork, commitment, discipline

Space is limited. Register today!!!

In the case of an emergency and if I cannot be reached, I authorize the staff of St. Augustine High School Basketball (SAHSB) to obtain whatever medical treatment he/she deems necessary for the welfare of my child listed on this application. I further understand that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such charges and fees.

In consideration of being permitted to participate in any way in SAHSB, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue SAHSB and its employees from liability from any and all claims including the negligence of SAHSB and its employees resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in SAHSB.

Participation in SAHSB carries with it certain inherent risks that cannot be eliminated regardless of care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from minor injuries such as scratches, bruises and sprains to major injuries such as eye injury or loss of sight, joint injuries, heart attacks and concussions to catastrophic injuries including paralysis and death.

I agree to indemnify and hold harmless SAHSB and its affiliates, predecessors and successors, owners, partners, agents, officials, employees and representatives (collectively, the "Corporations Parties") from and against any and all actions, demands, liabilities, losses, claims, damages, costs or expenses, including without limitation court costs and attorneys' fees (collectively, the "Claims"), brought as a result of my child's involvement in SAHSB and to reimburse them for any such expenses incurred.

In case any provision of this Agreement shall be invalid, illegal or unenforceable, such provisions shall be severed from this Agreement. The validity, legality and enforceability of the remaining provisions of this Agreement shall not in any way be affected or impaired thereby.

I hereby authorize SAHSB to allow the reproduction, dissemination and or publication of my name or likeness for media coverage, public relations, or any other purpose that may involve the use of photographs, films, and/or video tape recording. This is to be done in conjunction with my participating in SAHSB event (s) and I understand and agree that I may neither pay a fee to receive individual promotional consideration from my participation in this event (s), nor will I receive any payment for the possible commercial use of my name or likeness.

I have read this entire Agreement, and I fully understand its terms and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Parent/Guardian Signature: _____

Date: _____