



HOLIDAY YOUTH BASKETBALL SKILLS CAMP

December 7, 2019

Taylor Ranch Community Center

4900 Kachina NW

Albuquerque, NM 87120

Session	Ages
Morning 9am - 12pm	6-11
Afternoon 1pm - 4pm	12-18

Registration and Liability Release

Participant Information

Please print clearly.

Last First Middle

Street Address Apt. #

City State Zip Code

Age: _____ Gender: Male Female Non-Binary Prefer not to answer

Race (check all that apply): American Indian/Alaska Native African American or Black

Native Hawaiian/Pacific Islander White Other

If American Indian/Alaska Native, please specify tribal affiliation: _____

School Attending: _____ Grade: _____

Parent/Guardian #1 Name: _____ Phone: (____) _____

Parent/Guardian #2 Name: _____ Phone: (____) _____

Emergency Contact, other than Parents/Guardians listed above, authorized for pickup:

Contact #1 Name: _____ Phone: (____) _____

Contact #2 Name: _____ Phone: (____) _____

Please list all known food allergies or allergies to medicine: _____

Please list any health concerns or issues: _____

Health Insurance Provider: _____ My child does not have health insurance

Primary Care Physician Name and Phone Number: _____

*****PLEASE TURN OVER AND COMPLETE THE OTHER SIDE*****

The City of Albuquerque, National Indian Youth Council, Inc. (NIYC), Spirit of Hoops (a partnership between One on One Basketball, Inc. and Mountain Chief Institute), and Native American Community Academy are co-hosting a one-day camp to provide fun, safe, and active basketball training for youth across Albuquerque and the surrounding areas.

Participation Waiver

Please initial each section:

_____ I agree that my child is a participant in the Spirit of Hoops One-Day Basketball Camp, and I acknowledge that walking, running, and participating in this activity is a potentially hazardous activity, which could cause injury or death. I understand that in the course of participating in this natural experience, my child may incur scratches, bumps, headaches, or other physical reactions to physical activity that are outside of our control.

_____ My child will not participate in this activity unless they are medically able and by my initials and signature below, I certify that my child is medically able to perform all activities associated with the activity and is in good health.

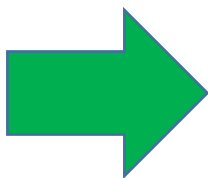
_____ I agree that my child will abide by all rules established by this group including the right of any official to deny or suspend their participation for any reason whatsoever. I attest that I have read the rules of the group and agree to abide by them. I assume all risks associated with my child being a member of this group and participating in group activities which may include falls, contact with other participants, the effects of the weather, including high heat and/or humidity, with all such risks being known and appreciated by me.

_____ Should my child require medical attention, I hereby authorize the program to take my child to the nearest hospital/health care facility.

_____ Having read this waiver, and knowing these facts and in consideration of your accepting my child's participation, I, for myself and for anyone entitled to act on my behalf, waive and release NIYC, Spirit of Hoops, City of Albuquerque, group sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation with the group, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my child's photographs, motion pictures, recordings or any other record for any legitimate promotional purposes.

Parent or Guardian Name Printed: _____

Parent or Guardian Signature: _____ **Date:** _____



Register online at:

<https://events.eventzilla.net/e/holiday-youth-basketball-skills-camp-2138756823>

OR

Return completed forms:

- In person: NIYC 318 Elm Street SE, Albuquerque, NM 87102
- By Email: to Brent Clichee at bclichee@niyc-alb.org
- By Fax: (505) 672-7778