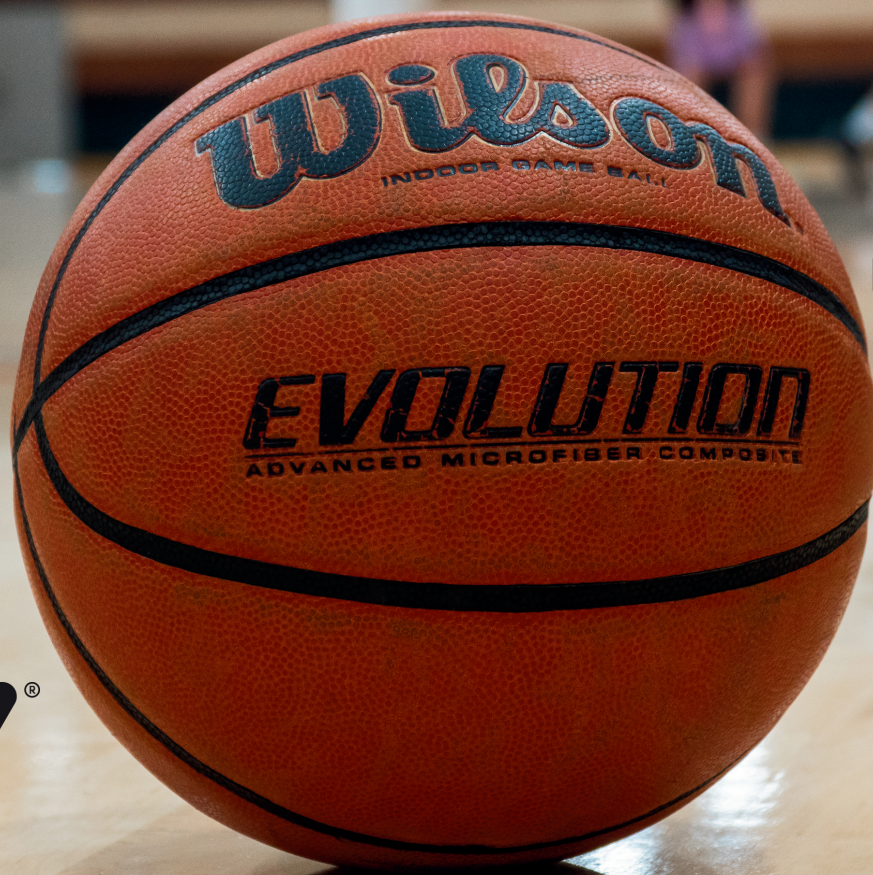




**REGISTRATION
OPENS MAY 1**



AS1 BASKETBALL CLINIC

**JUNE 30 -
JULY 2**

WITH COACH MILES HAYES

Coach Miles Hayes has been coaching and running youth basketball camps and clinics for nearly 30 years in California, Oregon, and abroad. He works with children ages 3 to 18. His As1 Basketball Academy recruits kids from all over Northern California to play ball internationally. He has taken players to many countries including Costa Rica, Portugal and Italy. His passion and commitment to building fundamentally sound basketball players is at the heart of his As1 Basketball Academy.



6/30 - 7/2 (MON, TUES, WED)

9 AM - 12:30 PM

AGES 7-12

\$100 MEMBERS

\$125 NON-MEMBERS

6/30 - 7/2 (MON & WED)

1 - 4:30 PM

AGES 13-17

\$75 MEMBERS

\$100 NON-MEMBERS

REGISTER AT LINK OR QR

ymcaofdouglascounty.org/basketball

REGISTER MAY 1

541-440-9622

jedgar@ymcaofdouglascounty.org



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA PROGRAM REGISTRATION / RELEASE FROM LIABILITY

YMCA Member _____ Community Member _____
Program fee is due upon registration.

Program _____ Date of Program _____
Participant's Name _____ M _____ F _____ Age _____ DOB _____
Participant's Name _____ M _____ F _____ Age _____ DOB _____
Address _____ City _____ Zip _____
Phone # _____ E-mail _____
Emergency Contact _____ Phone # _____
Relation _____

Please initial to indicate agreement with the following two items:

_____ I give my permission to the YMCA of Douglas County to use, for publicity purposes, pictures taken of the participant. _____ I support the YMCA of Douglas County philosophy, which is based on participation, fun, physical fitness and health, skill building, teamwork, fair play, family involvement and volunteer leadership.

RELEASE FROM LIABILITY

In consideration of the right to participate in this YMCA of Douglas County (later referred to as the YMCA) program, I waive the right to any and all claims against the YMCA for damages, losses, or injuries suffered by my participating minor child or by me as a participant that arise from this program, including a release of any claims that may be caused in whole or in part by the negligence of the YMCA, its agents, directors, or employees. On behalf of myself, my spouse, my heirs, executors, or assigns, I hereby agree to assume those risks associated with participating in this program and to hold harmless the YMCA and/or its agents for damages suffered by me or my minor child. I also agree to indemnify the YMCA for expenses (including defense and other costs) associated with any claim of damages, injury, or death arising from my or my minor child's participation in this program.

I hereby certify that the above named participant is in normal health and capable of participation in _____ (specific program name). I assume all risks incidental to participation in this program and for transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for the participant in the event that the adult participant is incapacitated or that the parent/guardian or emergency contact cannot be reached. I understand that the YMCA does not carry accident insurance on its members or participants. All expenses incurred in the treatment of injuries due to accident will be the responsibility of the adult participant or the minor participant's parents/guardians. I am a legally competent adult (18 years or older) who is responsible for the above named participant.

Participant #1 signature: _____ Date _____ Participant

#2 signature: _____ Date _____

For Office Use Only: Receipt Date: _____ Clerk Initials : _____ Total: \$ _____