



# SPORTS CLINIC REGISTRATION FORM

for Bradford County students

Saturday, April 22, 2023

Bradford High School Gym

## Boys and Girls Basketball, 10:00 a.m. to 11:30 a.m.

Saints men’s basketball head coach Chris Mowry, women’s basketball head coach Chanda Stebbins and players from both teams will provide instruction for the first **60 boys and girls** in 5<sup>th</sup> - 12<sup>th</sup> grade who register.

## Girls Volleyball, 12:00 p.m. to 1:30 p.m.

Saints volleyball head coach Bailey Coleman and players will provide instruction for the **first 30 girls** in 5<sup>th</sup>-12<sup>th</sup> grade that register.

Basketball

*(Please check all that apply)*

Volleyball

**FREE PIZZA for participants after each event!**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### **(\*\*IMPORTANT\*\*) PARENT/GUARDIAN MUST COMPLETE REGISTRATION and SIGN WAIVER**

I, the undersigned am a **parent or legal guardian of the youth participant** who is identified on the top of this form and is under the age of 18. I agree that the participant will abide by all rules and regulations established for this activity. I am aware that injury to participants or damage to personal property may occur as a result of many things, including but not limited to faulty equipment, facility issues, weather conditions, traveling to and from events, physical conflict with others, theft, damage or loss, and I agree to accept such risk on behalf of participant and myself. **In consideration for the participant named above being able to participate voluntarily in the Santa Fe College Sports Clinic, I agree to assume all liability for any injury to the participant or damage to personal property that may occur as a result of my child’s participation.** I hereby RELEASE and DISCHARGE the College, its Board of Trustees and the trustees, employees, agents, and assigns (collectively the RELEASEES) from any and all liability, arising out of any loss, damage, or injury, including death, that may be sustained by the participant, or to any personal property or both, which arise out of or are connected in any manner with participation in said program or any related travel or activities, including such loss, damage, injury or death that may result from RELEASEES’ own negligence, and I further WAIVE any right I might otherwise have and COVENANT NOT TO SUE said RELEASEES in connection with any such liability.

Parent/Guardian: \_\_\_\_\_

(Parent/Guardian’s signature)

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian printed name)

APPROVED BY: \_\_\_\_\_

(SF representative)

Submit completed form to Deigh Scroggie at [deigh.scroggie@sfcollge.edu](mailto:deigh.scroggie@sfcollge.edu) or at the SF Andrews Center by **Wednesday, April 19, 2023**