

# Husky Women's Basketball Clinics

## Dates, Locations & Times:

August 16 R.Beach CC 9:00-11:30  
Hiawatha CC 1:00-3:30

August 18 Garfield CC 9:00-11:30  
Magnolia CC 1:00-3:30

August 20 Rav-Eck CC 9:00-11:30  
Loyal Heights CC 1:00-3:30

**Who: The First 50 Girls at Each Location Ages 7-14**

**Cost: Free!!!!!!**

To register, fill out the registration form completely with a parent/guardian signature and return it to **Brieh Marino @ Citywide Athletics 5201 Green Lake Way North Seattle, Wa 98103**

**If you have any Questions or Concerns Please Call Brieh Marino @ 206-615-0520**



August 2003 Husky Women's Basketball Clinic Registration Form  
NOT VALID UNLESS LIABILITY WAIVER IS SIGNED

## REGISTRATION FORM

NAME

ADDRESS

CITY/STATE/ZIP

SCHOOL

GRADE NEXT YEAR

PARENT/GUARDIAN NAME

WORK PHONE

HOME PHONE

MEDICAL INSURANCE COMPANY

MEDICAL HEALTH PROBLEMS/MEDICATION

### Liability Waiver/Health & Insurance Form

I hereby authorize the directors of the Husky Women's Basketball Clinic (hereafter referred to as "the Clinic") to act for me according to their best judgement in any emergency situation. I hereby waive and release the City of Seattle, its staff and all Advisory Council members, and any other organizations and individuals involved with "the Clinic," and the "Clinic" and its staff of any responsibility or liability arising from the applicant's participation in "the Clinic." I know of no medical physical problems which might affect my child's ability to safely participate in this camp. I will be responsible for any medical or other charges incurred in connection with her attendance at camp. Costs for treatment of injuries and hospitalization for illness/injuries incurred during "the Clinic" will be the responsibility of the parent or guardian of the participant. Any insurance carried by the parents or guardian may be used to defray such medical and hospital costs.

PARENT/GUARDIAN SIGNATURE

DATE