FUTURE SCOUTS OFFENSIVE SKILLS BASKETBALL CLINICS FALL 2010
REGISTRATION FORM

Mail or Deliver payment by check to:
LFHS Athletics /Sharon Popiel
1285 N. McKinley Road
Lake Forest, IL 60045

Checks made payable to LFHS
Walkups welcome, preregistration preferred
Cash payments accepted at LFHS East Athletic Office
Fee: $25 per clinic

CLINICS HELD AT LFHS WEST CAMPUS FROM 6:00 to 7:30 PM (300 S. Waukegan)

Sept. 13 Sept. 20 Sept. 27 Oct. 4 Oct. 18 Oct. 25

Circle the dates attending

Fall 2010 Grade (*please circle)*: 5th 6th 7th 8th

Participant's Name: _____Birth date:_____
Mo/day/yr

Parent's Names: _____

Address: _____

City, State, Zip: _____

Phone *(home):* _____ *[parent cell)*_____

***Parent E-Mail Address:* _____**

In case of emergency contact (Name & Phone #): _____

Sign and Date below after reading the Waiver.

Participant Liability Waiver and Hold Harmless Agreement
Please read this form carefully and be aware that by registering for and participating in this program(s) or by registering your minor child/ward for participation in this program(s), you will be waiving your rights and/or the rights of your minor child/ward to all claims for injuries you or your minor child/ward might sustain arising out of this program(s) and you will be required to indemnify, hold harmless, and defend the Lake Forest High School for any claims arising out of participation in said program(s).
Risk of Injury - "As a participant in the program, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages, or loss which I or my minor child/ward may sustain as a result of participating in any and all activities associated with this program."
Waiver of Injury Claims - "I agree to waive and relinquish any and all claims I or my minor child/ward may have arising out of, connected with, or in any way associated with the activities of the program."
Release from Liability - "I do hereby fully release and discharge the Lake Forest High School and its officers, agents, and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may occur on account of participation in the program."
Indemnity and Defense - "I further agree to indemnify, hold harmless and defend the Lake Forest High School and its officers, agents, and employees from any and all claims from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program."
In the event of any emergency, I authorize the Lake Forest High School to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand and agree to the above Participants Liability Waiver and Hold Harmless Agreement.

_____ _____

Signature of Parent/Guardian or Adult Participant Date