

# Poston Junior High Summer Basketball Camp



<b>GRADE LEVEL:</b>	Incoming 7 <sup>th</sup> and 8 <sup>th</sup>
<b>LOCATION:</b>	Poston Gymnasium
<b>FOCUS:</b>	Individual Basketball Skills
<b>DAYS:</b>	Monday, Tuesday, Wednesday, Thursday, and Friday
<b>DATES:</b>	July 19th-July 23rd
<b>TIME:</b>	1:00-4:00pm
<b>FEE:</b>	\$45 online registration      \$55 mail in/bookstore
<b>CONTACT:</b>	Erik Lyall (eblyall@mpsaz.org)

**SAVE \$10, REGISTER ONLINE** <https://az-mesa.intouchreceipting.com/> or

Submit registration below to: Poston Junior High School bookstore 2433 E Adobe St, Mesa, AZ 85213

Student Name:	Grade: _____
Parent/Guardian:	School: _____
Phone: (H) _____ (C) _____	Student ID#: _____
Email: _____	
Emergency Contact Name:	
Phone: (H) _____ (C) _____	
<p>I give permission for my child to participate in the sports program listed. I/we understand all risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnify and hold harmless Mesa Public Schools and the school from any claim arising out of any injury to my child.</p> <p><b>Parent Signature:</b> _____</p> <p>I give permission to photograph my child during camp participation for publicity use and/or news release. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>I understand I will be required to print, complete and sign the Sports Camp Waiver, Release and Assumption of Risk Form and present it to the coach on the first day of camp.</p> <p>Does your child have health conditions/concerns of which staff should be aware? If so, please explain:</p>	
<p><b>PAYMENT:</b></p> <p>To pay by debit card or credit card and receive a discount, register online at <a href="https://az-mesa.intouchreceipting.com/">https://az-mesa.intouchreceipting.com/</a>          For online payment questions call (480) 472-0118. For camp related questions, contact the coach listed above.</p> <p>Check # _____ Check amount \$ _____</p> <p>Make checks payable to Mesa Public Schools.</p>	
<p>For office use only: Item #D1303a Q5 2021</p>	



**Athletic Camp 2020-2021  
Waiver, Release, and Assumption of Risk Form**

On behalf of myself, my household members, and my minor child, \_\_\_\_\_, I hereby give permission for my child to participate in a Mesa Public Schools athletic camp. My child and I are familiar with, and knowingly and voluntarily accept, any and all risks associated with participation in camps on a school campus. I acknowledge that my child's participation in this program is wholly voluntary and is not part of any regular school curriculum.

I specifically assume all risks and hazards associated with my child's participation in camp including, but not limited to, the risks associated with the novel COVID-19 virus. I understand that my child will be associating with staff and other children and may acquire COVID-19, and other viruses and diseases, through my child's participation in camp. Although the staff and children through their guardian attest to being healthy and symptom free, that precaution is not nearly adequate to prevent the spread of COVID-19 given, among other things, the relatively long incubation period, and the fact that many infected persons are asymptomatic. I understand and voluntarily assume the risk that my child may acquire COVID-19, and that COVID-19 may subsequently be transmitted from my child to me, my family, and members of my household.

While instruction and reasonable supervision will be provided, accidents and injuries happen, and it is impossible to eliminate the risk that my child will suffer an injury or illness.

I will daily certify that my child is in good health, has no fever, and has no current issues that make it unsafe for my child to participate in camp, which may not have a medical professional on staff. All parents will be expected to perform an assessment of their child's health before they leave home, including temperature and other known COVID-19 symptoms. I will notify the staff and not send my child to camp if my child develops a fever, symptoms of illness or tests positive for COVID-19. I acknowledge that my child and I are responsible for ensuring that he or she takes any necessary medication, and for avoiding any allergies. In the event of a medical emergency, 911 will be called and I will be responsible for any and all costs of medical treatment.

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind against the school, the school district, its insurers, the district's governing board, and all of their respective employees, agents, representatives, and volunteers (the "Released Parties") arising from or relating in any way to any damage, injury, trauma, illness, loss, unwanted contact, harassment, disability, dismemberment, or death that may occur to my child, me, or my household members—whatever the cause—due to my child's participation in camp. This includes, without limitation, any claim arising from the negligence of the Released Parties.

I further agree not to sue the Released Parties, and to defend and indemnify the Released Parties for all claims, damages, losses, or expenses, including attorneys' fees, if a suit is filed concerning an injury, illness, or death to me, my child, or my household members resulting from participation in the camp.

Parent/Guardian Name (Printed) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_