



*El Dorado Boys Basketball
Boosters presents.....*



YOUTH BASKETBALL DAY!



For Boys & Girls Grades 3 thru 8

Clinic: January 4, 2014, 9:00 a.m. – 11:00 a.m.

Where: El Dorado H.S., Joe Raya Gymnasium

Cost per player: \$35 in advance, \$45 at door

All proceeds will help the booster club raise much needed funds to further the goals of the boy's basketball program!

The clinic will be coached by the **El Dorado Coaching Staff and the High School Boy's Basketball Players!** Skill training includes dribbling, shooting drills, and scrimmages. At the end of the clinic, Ten (10) 3rd-5th grade boys and girls will be chosen by the JV players, and Ten (10) 6th-8th grade boys and girls will be chosen by the Varsity players for a total of Twenty (20) boys and girls to make up the "EDHS Youth All-Star Teams". These "All-Stars" will represent the communities youth basketball players that same night and have the chance to play at half time during the JV and Varsity games at the Joe Raya Gymnasium.

JV GAME: 4:15 pm vs. El Modena (3rd-5th grade scrimmage)

VARSITY GAME: 7:15 pm vs. El Modena (6th-8th grade scrimmage)

To sign up and participate, complete the form below and return with your check to:

El Dorado Boy's Basketball Boosters, 2500 E. Imperial Highway, Ste 201 #249, Brea, CA 92821

OR

Pay by Credit Card or PayPal via the ED BASKETBALL mobile App. Download the app for free on iTunes, the App Store or the Google Play Store. Go to the Store and find this item listed under EVENTS. You will be e-mailed a receipt.

Please be sure to write your child's name and grade on your check also!!

Child's Name _____ Grade _____
Address _____ Phone _____

A Parent or guardian must sign the waiver below in order for your child to participate. Questions can be directed via email to: rod@boazemail.com

As the parent or legal guardian of the child named, I hereby give my full consent and approval for my child to participate in the event (Youth Basketball Day) described herein. I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities. In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless EDHS Boys Basketball Boosters, its officers, coaches, sponsors, supervisors, and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

Signature of Parent or Guardian _____ Date _____