



City College of San Francisco 2008 Summer Basketball Clinic

The City College of San Francisco Girl's Basketball Clinic is team-oriented, and designed for girls up to the 3th thru 8th grade, who want to improve their individual skills. CCSF will be holding two sessions this year which are age specific.

Session 1: July 21st – July 24th 5:30 – 8:30 PM (3rd thru 5th grade)

Session 2: July 28th – July 31st 5:30 – 8:30 PM (6th thru 8th grade)

The clinic will focus on developing proper dribbling, and footwork on the offensive and defensive ends of the floor. Shooting, 2 on 2, 3 on 3, & 4 on 4 drills will also be emphasized during the camp. The proper attitude and good character will also be emphasized daily. All campers will receive a CCSF Clinic T-shirt.

The 4-day long camp will be packed with professional instruction as well as fun competition. Players will receive instruction from Head Coach Jamie Wong, the Northern California Coach of the Year and Assistant Coaches Derek Lau, Duane Bell and Marissa Evans-Ling. This is a great opportunity to learn and develop fundamental basketball skills from college coaches and players.

Location: City College of San Francisco, Health and Wellness Center

Cost: \$150

Make Checks Payable to: Ram's Booster Club

To reserve a spot please send the completed application, waiver and check to:

**CCSF
50 Phelan Avenue,
Health & Wellness Center,
San Francisco, CA 94112
RE: Derek Lau**

**For any questions please contact: Derek Lau (415) 452-4822 or djlau@ccsf.edu
For additional forms and waivers go to: www.ccsframs.com click women's basketball**



City College of San Francisco Clinic Application
2008

Players Name: _____

Age: _____ **Grade:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Alternate Phone:** _____

Email: _____

Parent/Guardian Name: _____

Emergency Phone Number (during camp session): _____

Current School: _____

Please circle which camp you will be attending.

Session 1
(3rd thru 5th grade)
July 21st – July 24th

Session 2
(6th thru 8th grade)
July 28th-July 31st

Once CCSF has received your application, waiver and payment, you will receive a confirmation email regarding your reservation to the camp.

VOLUNTARY ACTIVITIES PARTICIPATION FORM

**ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK
(MINOR)**

I authorize my daughter, _____ to participate in the CCSF Summer Basketball Clinic, offered at San Francisco City College on Monday, July ____ thru Thursday, July ____ 2007.

I understand and acknowledge that the clinic, by its very nature, poses the potential risk of serious injury/illness to individuals who participate in such an activity.

I understand and acknowledge that some of the injuries or illnesses that may result from participating in the activity includes, but is not limited to, the following:

- | | |
|------------------------------|--------------------------|
| 1. Sprains/strains | 5. Paralysis |
| 2. Fractured bones | 6. Loss of eyesight |
| 3. Unconsciousness | 7. Communicable diseases |
| 4. Head and/or back injuries | 8. Death |

I understand and acknowledge that participation in the clinic is completely voluntary. I also understand and acknowledge that in order to participate in the clinic, my daughter and I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

I understand, acknowledge, and agree that San Francisco City College, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by my daughter which is incident to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms.

Participant's Name (Printed): _____

Participant's Signature: _____

Date: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____

Day Phone #: _____

Evening Phone #: _____