La Raza Athletic Association

Basketball Skills Camp
Saturday December 7th, 2024
9am to 1pm
Free of Charge
Location: Urban Promise Academy
3031 E 18th St, Oakland, CA 94601

Skills Camp Registration Form

Student Name_____ DOB_____
Grade_____
Address_____
City_____ State_____ Zip Code_____
Home Phone #_____
Email address _____
Age _____ School Attending _____ Grade _____
Parent's Name_____
Emergency contact #_____

The undersigned understands that the applicant will be engaged in physical activity during the camp program which activities contains an inherent risk of physical injury.

a. I confirm that my child is physically fit to participate in this athletic training camp.
b. I understand the staff and organizers will take all reasonable precautions to assure the safety of the participants but cannot guarantee that injuries or accidents will not occur.
c. The undersigned assumes that risk and releases La Raza Athletic Association, La Familia Counseling Services, and the camp staff, from any and all liability for personal injury which may occur from the applicant's participation.
d. I consent to the LRAA taking photos and videos of my child during the event, and I agree that the photos and videos may be used for promotional purposes without further consent and without compensation.
e. I hereby grant my permission for my child to be treated by a trained medical physician, athletic trainer and/or hospital emergency room to administer necessary health care in the event of injury, accident or illness.

Parent's signature _____ Date _____