

Basketball Clinic

Presented by the Sequim Wolves Basketball Team



DATE: June 26th-28th
WHERE: Sequim Middle School Gym
REGISTRATION: 8:30 in the gym
CLINIC TIME: 9:00 – 10:15 K through 2nd grade.
10:30 – 12:30 3rd through 7th grade. Grade indicates recently completed.
COST: \$75 per player.
WHO: All boys and girls grades K-7th grade

NAME _____ Grade completed _____
ADDRESS _____ PHONE _____

EMERGENCY MEDICAL RELEASE

In the event of a medical emergency, the undersigned hereby authorizes Sequim High School as our agent to give consent to surgical or medical treatment by any licensed physician or hospital in the state of Washington for our child _____ when such treatment is deemed necessary by such physician and we cannot be reached within a reasonable length of time by reason of absence from the community or otherwise. Such consent may include but is not limited to administration of necessary anesthetics, medical treatment, tests, x-ray, examination, transfusions, injections or drugs, and the performing of whatever operation may be deemed necessary or advisable. It is understood this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required.

_____ DATE _____ PARENT/GUARDIAN