



WHAT: Hillview School PTO Sponsored Basketball Clinic
WHO: 6th/7th/8th grade Hillview Boys and Girls
WHERE: Hillview Middle School Gym
WHEN: Fri/Sat/Sun November 2nd, 3rd, 4th (Fri/Sat 5:30-7:30, Sun 12:00-2:00)
COST: \$100 (if you can't make all three days notify coach Bell to work out fees)

Interested in improving your basketball skills and preparing for the upcoming season? The Hillview School PTO is sponsoring a basketball clinic for all Hillview students. Instruction in offensive/defensive fundamentals, individual development and team play will highlight each session.

Join Hillview School Staff members and basketball coaches, Harry Bell and Phil Eaton, along with current high school basketball players for this mixture of basketball fun and learning at the Hillview PTO Basketball Clinic. Space is limited to the first 30 players.

For more information contact Coach Bell (jchbell@sbcglobal.net, hbelle@mpcsd.org 650 483-4049c, 650 326-4341 ext 507) or Coach Eaton (peaton@mpcsd.org)

(cut here)

REGISTRATION INFORMATION

Player's Name(s)- _____ Grade _____ Gender _____

Parent/Guardian Name- _____

Address: _____

Phone: _____ Email: _____

TShirt size: (adult sizes, circle one) Small Med Large Xlarge

**Make check out to: Hillview PTO. Please return this form (and the attached permission slip) to either Coach Bell or Coach Eaton @ Hillview School or mail to:
 Harry Bell, 2258 Howard Ave., San Carlos 94070**

PERMISSION SLIP FOR PTO AFTER SCHOOL SPORTS

I WANT MY SON/DAUGHTER/LEGAL CHARGE, _____,
Player's Name

TO PARTICIPATE IN THE PTO AFTER SCHOOL SPORTS PROGRAM.

1. I UNDERSTAND THAT THIS ACTIVITY CAN BE DANGEROUS and that my son/daughter/legal charge could be injured even if the activity is conducted with due care by all concerned.
2. I AM FULLY AWARE OF THE RISKS and hazards inherent in my son/daughter/legal charge engaging in this activity and I voluntarily elect, both on my behalf and on behalf of my son/daughter/legal charge, to have him/her engage in that activity, that the activity is such that my son/daughter/legal charge may be injured even if the School District, the PTO, and the City of Menlo Park utilize due care. I also know that the Menlo Park City School District, the PTO, and the City of Menlo Park are not a guarantor of my son/daughter/legal charge's safety and financially could not conduct this activity if it bore the risk of injury or death arising out of the same. I THEREFORE VOLUNTARILY ASSUME ALL RISKS OF LOSS, DAMAGE, INJURY OR DEATH to my son/daughter/legal charge arising out of his/her participation in this activity.
3. It is my intent by this clause to exempt and relieve the Menlo Park City School District, the PTO, and the City of Menlo Park its officers and agents, from any and all liability for personal injury, wrongful death or property damage arising out of my son/daughter/legal charge's involvement in this activity.
4. Further, on behalf of myself, my son/daughter/legal charge, and our personal representatives, assigns, heirs, and next of kin, I HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the Menlo Park City School District, the PTO, and the City of Menlo Park, its officers, employees, agents or representatives for loss or damage and any claims or demands therefore on account of injury or death to my son/daughter/legal charge, where such injury or death occurs during, by reason of or arising out of this activity.

Parent/Legal Guardian

Date