

Medical Waiver

MEDICAL WAIVER / PARENTAL RELEASE

I (parent) _____ agree that
(participant) _____

May participate in the **Kansas City Keys Summer Clinic**. In consideration of participation in this event, agree, on behalf of the above named child, his/her heirs and representative to fully and forever release, and hold harmless the Kansas City Keys and North Kansas City High School, its agents, servants, and employees from any and all claims, demands, rights of action of causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of participation in this event.

I HEREBY AUTHORIZE IN ADVANCE ANY NECESSARY MEDICAL TREATMENT REQUIRED BY THE ABOVE NAMED CHILD WHILE IN ATTENDANCE OF THIS CLINIC.

I ALSO ACKNOWLEDGE THAT I HAVE/WILL NOTIFY THE CLINIC PERSONNEL OF ANY SPECIAL MEDICAL NEEDS OR INFORMATION REQUIRED BY THE ABOVE NAMED

CHILD. Also, I understand that all rules and regulations for the clinic/event will be enforced and any violation by my child will result in a collect call to me with possible request to pick up my child with no refunds being given.

Signature of Parent or Guardian _____

Date _____

Emergency Contact Name _____

Relationship _____

Emergency Number _____

Health Insurance Company _____

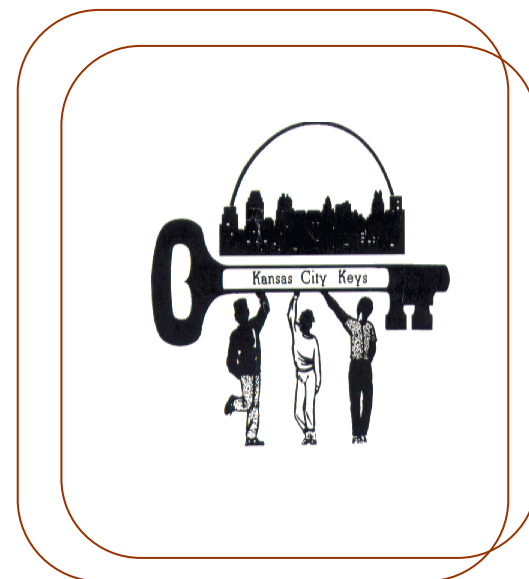
Policy Holder Name Policy Number _____



Kansas City Keys
P.O. Box 270257
Kansas City, MO 64127

Kansas City Keys Basketball Clinic

GIRLS AND BOYS
BASKETBALL
CLINIC



BOYS & GIRLS AGES 10-17

North Kansas City
620 E. 23rd

Two Day Clinic
June 12, 2010 -- 2:00-8:00
June 13, 2010 -- 1:00-6:00
Cost \$45.00

KANSAS CITY KEYS 2010 BASKETBALL CLINIC

ABOUT THE CLINIC

The goals of the Clinic are...

To help each participant focus and continue to develop his or her fundamental basketball skills,

To emphasize the importance of academics as it relates to athletics through life skills topics

To prepare profiles on the website and highlight skills for use by Keys programs, scouts, and other exposure in assisting with potential scholarship offers and exposure opportunities

Concessions will be sold.

For more information please contact:

Coach Harrel Johnson
816.483.7997/kckeys@kc.rr.com
Website: www.kckeys.org

Clinic DIRECTORS

Harrel Johnson
Director Kansas City Keys - 25 Year coach

Ryan Fuger
Head Men's Basketball Coach at North KC High School

DeAndre Johnson
4 year coach Keys AAU Program, Prior Asst. Coach Rolla University, Freshmen Coach at Raytown South & Northeast High School

**Other staff and instructors will be participating.

DAILY SCHEDULE

Saturday, June 12, 2010

1:00-2:00 Arrival/ Registration
2:00-3:00 Orientation-Placement

3:00-5:30 Offense and defensive drill stations

5:30-6:00 Break (Speaker)

6:00-6:30 Refreshments/Lunch

6:30-7:30 Team Drills

7:30-8:00 Cool down stretch/Remarks

Sunday, June 13, 2010

1:00- 2:00 Quick/Pro Drill stations

2:00-3:00 Team Drills

3:30-4:00 Refreshments

4:00-5:30 All Star Games

5:30-6:00 Closing Remarks

Note: Throughout the day campers will be able to take frequent breaks for restroom and water.

**It's important for all participants to arrive on time and be prepared for instruction.

Application

Child's
Name _____
Parent/Guardian _____

Child's Age _____
Sex: _____
Address _____

Tel# _____
Emergency
Contact: _____

Payment Options:

Regular Fee: \$45.00 per player
*Team Discounts \$400 per team
Sessions (Min. of 8 players)

\$5 Discount for Campers who has a 3.0 or higher
G.P.A Must have proof)

Registration fees are due before the first day of the clinic. There will an additional late registration fee of \$10.

**Money order or cashier's check only. Please make them payable to: Kansas City Keys

Or Pay Online or send entry/application to:
Online at: www.kckeys.org
Or mail: P.O. Box 270257, Kansas City, Mo 64127

Parent/Guardian
Signature _____