

**CLINIC DATES: MARCH 30, 31 AND APRIL 1, 2: 9:30 AM-12:30 PM**

**NOGALES HIGH SCHOOL**  
**BOYS' AND GIRLS' BASKETBALL INVITES YOU TO OUR:**  
**2015 SPRING BREAK**  
***BASKETBALL CLINIC***



**NOGALES BASKETBALL SPRING BASKETBALL CLINIC**

Nogales Boys' and Girls' Basketball would like to invite you to join us for the first annual Nogales High School Spring Basketball Clinic! Our basketball clinic will emphasize fundamental skill development, small and large group development - and emphasize the keys to helping YOU become a SUCCESSFUL basketball player. This clinic is open to ALL 4th, 5th, 6th, 7th, and 8th grade students. Our clinic will be directed by former Chino Hills High School Varsity Assistant Coach and former Nike Camp Director, Sameer Bhatt - who is currently the Varsity Boys' Head Coach at Nogales High School. The clinic will be co-directed by Coach Peter Wang, the Nogales High School Varsity Girls' Basketball Head Coach. Our clinic and camps are not only about developing basketball skills but also developing YOURSELF as a young adult. Our 3 Keys to Success: HARD WORK, COMMITMENT and TEAMWORK. Our goal, most importantly, is to HAVE FUN! **Please note: All camp activities are classified as: high-level of activity - running & calisthenics will be frequent during the clinic. Please return all attached pages (filled out completely) with form of payment (cash or check) at the first day of clinic. On-site registration will also be accepted.**

**Clinic Pricing:**

- \$10 per day / per student. (Total cost: \$40.00)
- Multiple student discount available:  
(Total cost: \$35.00 each for 4 days)

We accept cash or check, written out to:

***Nogales High School Basketball***

**The schedule for our clinic is as follows:**

- 8:30am - Early Drop off**
- 9:00am - Check-in**
- 9:30am - 10:00am: Stretches / Ball Handling**
- 10:00am -12:00pm: Clinic following the *SAQ Method***

**Speed - Attack - Quickness (development):**

- **Footwork drills:** emphasizing catching & shooting, half court attacks, dribble attacks, transition attacks, and finishing moves. We will emphasize proper shooting technique and correlate with proper footwork to maximize your offensive ability!

- **Defensive emphasis:** We will correlate proper offensive footwork in relation to proper defensive footwork. Defensive stance, closeout techniques with proper balance and position, arm positioning and tips to better be a great on ball defender! Additionally, techniques to be a great defender off the ball.

- **Conditioning:** With and without a basketball, competitive and combination drills, and controlled scrimmages.

- 12:00pm - 12:30pm: Cool-off and end of day competition**
- 12:30pm: Sign-out / Pick-up**
- 1:00pm: Late pick-up**



**CONTACT INFO:**

Head Coach Sameer Bhatt: (909) 815-2532, email: sbhatt32@gmail.com  
Head Coach Peter Wang: (909) 342-3488, email: pcwang86@gmail.com

**\*Please note: Lunch is NOT provided - we advise bringing bottled water / electrolyte drink and a small snack, which can be consumed during break periods throughout the clinic.**

**If you have any questions please feel free to contact us. Payment for the clinic will be collected on the first clinic day / each day.**



**ROWLAND UNIFIED SCHOOL DISTRICT  
INJURY WAIVER AND RELEASE OF LIABILITY  
AUTHORIZATION FOR MEDICAL TREATMENT  
CONSENT TO PARTICIPATE**

Athlete's Name: \_\_\_\_\_ Sport or Activity: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ZIP Code \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

School: \_\_\_\_\_

**WARNING OF POSSIBLE SERIOUS, CATASTROPHIC, AND PERHAPS FATAL INJURY RESULTING FROM ATHLETICS OR OTHER EXTRACURRICULAR ACTIVITIES AND CLUBS**

By its very nature, athletics and physically demanding extracurricular activities, including tryouts, may put students in situations in which SERIOUS, CATASTROPHIC and perhaps FATAL ACCIDENTS may occur resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairments as a result of such participation. Some of the injuries/illnesses which may result from participating in these activities include but are not limited to the following:

- |                    |                          |                             |           |
|--------------------|--------------------------|-----------------------------|-----------|
| 1. Sprains/strains | 4. Paralysis             | 7. Neck and Spinal injuries | 10. Death |
| 2. Fractured bones | 5. Loss of eyesight      | 8. Brain damage             |           |
| 3. Unconsciousness | 6. Communicable diseases | 9. Internal organ injury    |           |

I understand and acknowledge that participation in these activities by my son/daughter is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirements. I understand and acknowledge that in order to participate in these activities, I/we and my/our son/daughter agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

**VOLUNTARY TRANSPORTATION AGREEMENT**

It is fully understood that the District is not responsible, nor does the District assume liability for any injuries or losses resulting from non-district sponsored transportation. As parent/legal guardian, I hereby authorize and give permission for my child to transport himself/herself or to ride as a passenger in a vehicle driven by another student or parent. I also understand that the driver is not driving as an agent or on behalf of the District.

**INJURY WAIVER AND RELEASE OF LIABILITY**

For and in consideration of permitting the above named child to participate in the activity described above the undersigned does for him/ herself, his/ her heirs, executors, administrators and assigns, hereby voluntarily release, waive, discharge, and relinquish any action or cause of action which may hereafter arise for himself/ herself and agrees that under no circumstances will he /she or his / her heirs, executors administrators and assigns prosecute any claim for personal injury, bodily injury, property damage, or wrongful death against the Rowland Unified School District, any of its officers, agents, or employees for any said causes of action which shall arise due to the negligence of any of said persons. In the event of such prosecution or claim I/we shall indemnify and hold harmless the Rowland USD from any and all claims or causes of action presented for personal injury, property damage or wrongful death.

**ROWLAND UNIFIED SCHOOL DISTRICT  
INJURY WAIVER AND RELEASE OF LIABILITY  
AUTHORIZATION FOR MEDICAL TREATMENT  
CONSENT TO PARTICIPATE**

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**AUTHORIZATION FOR MEDICAL TREATMENT**

In the event of emergency illness or injury, I do hereby consent to whatever examinations, X-rays, anesthesia, medical, surgical, dental treatment, or hospital care are considered necessary, in the best judgment of the attending physician, surgeon, or dentist, as he or she shall think the existing emergency requires, for the relief of pain, and/or the preservation of life and /or health and well being of my child. Any costs incurred in this connection not covered by the undersigned's insurance shall be paid by the undersigned.

Check here if there are no special problems the staff should be aware of and no drugs are required.

Check here if child has special medical conditions, or if medicine is to be taken by the student and complete the below questions:

List all medical conditions and allergies \_\_\_\_\_

Name of Prescription Drugs \_\_\_\_\_

Reason for Taking \_\_\_\_\_

Dosage \_\_\_\_\_

**FAMILY MEDICAL COVERAGE**

Insurance Company \_\_\_\_\_

Plan, Policy or Group Number \_\_\_\_\_

Name of Insured Party \_\_\_\_\_

Insured Party's Medical ID Number \_\_\_\_\_

Insured Party's Employer or Group Name \_\_\_\_\_

Personal Physician Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**CONSENT TO PARTICIPATE**

I have read this notification in its entirety, understand it, agree to abide by its terms, sign it voluntarily, and hereby grant permission for my child to participate in this activity.

Parent/Legal Guardian Signature \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_

Date signed \_\_\_\_\_