



MIAMI DADE SCHOOL POLICE



FREE
EVENT



and

Basketball Camp



Beginner's



Intermediate



Advanced

WHERE : Robert Morgan Educational Center
 18180 S.W. 122 Avenue
 Miami, FL 33177

TIME:
 8:30 AM
 TO
 5:00 PM

WHEN: August 4th 2017




AT
 **Sedano's**
 SUPERMARKETS STORES



13794 S.W. 152ND STREET COUNTRY WALK 33177 Tel: 305 255-3386
 831 N.E. 8TH STREET HOMESTEAD FLORIDA 33030 TEL: 305 245-1405

Instructions: Please complete registration form. Tear and retain flyer. Return and place registration with waiver in box provided at one of the two Sedano's locations listed above. You will be notified once your registration is complete. (Last date for registration 8/2/17). For more information please call Dade Schools Police Lily 305 757-7708 ext.2402 or Share Your Heart Charly 786 370 0431 or 786 362-5870

Tear Here



VICTORY FOR YOUTH / SHARE YOUR HEART BASKETBALL PROGRAM REGISTRATION FORM



Players Name: Home Phone: Address: Date of Birth: Parent/Guardian's Name: Work Phone: Email address: Cell Phone

PLEASE CIRCLE PROPER CHOICES BELOW

Boy Girl Grade: 2 3 4 5 6 7 8 9 10 11 12

I would like to volunteer as (please circle): Head Coach Assistant Coach Scorekeeper Help with Lunch

Head Coach Shirt Size...Ad S, Ad M, Ad L, Ad XL, Ad XXL

My child has medical restrictions which their coach should be aware of. Yes No (Asthma, epilepsy, diabetes, etc.) If yes, please explain

PHIT 360



Tear Here



WAIVER

PARENTAL CONSENT AND WAIVER OF LIABILITY

I consent to, and give permission for, my child to participate in the Summer Slam 3on 3 and Camp Youth Basketball Program. I have no knowledge of any physical impairment that would be affected by my child's participation in the basketball program. I further agree to waive all liability of the Dade County School Police Share Your Heart /Victory For youth Sedano's Supermarkets or any Affiliates Basketball Program, its representatives, employees, Managers, team coaches, School District and any other participant, for any accident, injury, illness or other mishap which might befall the individual named on this registration while traveling to or from, or during their participation in the basketball program, whether or not such liability, claim, damage, loss or expense is caused in part by the negligence of any person, including any negligence by or on behalf of the Basketball Program, its agents and specifically including any defects in the condition of the property of the Basketball Program or the condition of its maintenance. I consent (yes ___ or no ___) to emergency medical care for my child in case of sickness or injury, and any actual charges made for such care. I agree to abide by the rules and regulations as set forth by the Summer Slam 3on 3 and Camp Basketball Program for my child's participation, and that each player will be responsible for himself, his insurance and his equipment. I acknowledge that I have freely and voluntarily entered into this Agreement and that I have read and understand this agreement in its entirety.

I hereby give my consent for the above child to participate in the Summer Slam 3on 3 and Camp Basketball Program.

Signature of Parent or Legal Guardian

Date

SUPERMARKETS STORES

13794 S.W. 152ND STREET COUNTRY WALK 33177 Tel: 305 255-3386
831 N.E. 8TH STREET HOMESTEAD FLORIDA 33030 TEL: 305 245-1405

Instructions: **Please go to one of the two Sedano's Supermarkets to get a registration form, fill it out completely, tear and keep the flyer, and put registration form with waiver in the box provided. Someone will notify you of your registration. (Last date for registration 8/2/17).**

For more information please call Dade Schools Police **Lily 305 757-7708 ext.2402 or Share Your Heart Charly 786 370 0431 or 786 362-5870**