

CO-ED BASKETBALL SKILLS AND AGILITY CAMP

A:	
#:	
D:	

Camp	This skills clinic is structured to focus on basketball skills and the			
Description:	fundamentals through drill exercises and activities, as well as			
	-	d conditioning needed	to be the best player	
	they can be.	atau battla labalad	مصمم والوانوا والخني	
	_	water bottle labeled v s will be taken at ched		
Price:	\$55 per child			
Ages:	7-12 years old as of the first day of camp.			
Location:	Berkeley 2000 Recreation Center Main Gymnasium			
Times:	4:30 – 6:00pm			
Dates: (check	□ November 2 – 6	☐ November 9 -13	☐ November 16 - 20	
dates for which	# 5301.4201	# 5301.4202	# 5301.4203	
you are				
registering)				
Child's Name		Date of Birth	Gender 🛭 M 🔲 F	
Address	Age (as of 1 st day of camp)			
City,		State,	Zip	
Parents' Name(s)				
1 st Phone	2 nd Phone			
To receive text alerts: C	Cell #	Carrier		
E-mail Address:(Sprint, AT&T etc)			AT&T etc)	
Medical Concerns:	□ No □ Yes If	yes please explain:		



You may register by mail or drop off your registration form to one of the following locations: (304) 264-4842- Berkeley 2000 Recreation Center Office, 273 Woodbury Avenue, Martinsburg, WV 25404 Mon-Fri from 8:30am-5:00pm. You may also register at our website: www.mbcparks-rec.org. (*Please note there is a 2.6% merchant fee when paying by credit card and a 1.0% merchant fee when paying online with an e-check.)*

COVID-19 LIABILITY RELEASE

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that M-BC Parks & Recreation has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that M-BC Parks & Recreation cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others.

I voluntarily seek services provided by M-BC Parks & Recreation and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending your facilities.

I attest that:

Signature: _____

- * I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- * I have not traveled internationally within the last 14 days.
- * I have not traveled to a highly impacted area within the United States of America in the last 14 days.
- * I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- * I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.
- * I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold M-BC Parks & Recreation harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of M-BC Parks & Recreation, or that may otherwise arise in any way in connection with any services received from M-BC Parks & Recreation. I understand that this release discharges M-BC Parks & Recreation from any liability or claim that I, my heirs, or any personal representatives may have against M-BC Parks & Recreation with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from M-BC Parks and Recreation. This liability waiver and release extends to the administration, staff, partners, and employees.

Date: ____

IABILITY WAIVER: As a parent (legal guardian) of the above named minor, I grant permission for this minor to participate in all activities of this sports program. I assume all risks and hazards incidental to participating in this sports camp program. I do hold harmless the Martins-burg-Berkeley County Parks & Recreation Board, the coaches, assistant coaches, and any and all other volunteers, participants, and organizers for any claims arising out of injury to my child except to the extent and the amount covered by the accident or liability.
MEDICAL RELEASE: I further grant permission for emergency first aid to be given to my child in the case of injury. If necessary, I grant permission for my child to be taken to the emergency room of a nearby hospital, and its staff has my authorization to provide treatment which a physician deems reasonably necessary for the well-being of my child.
PHOTOS: The Martinsburg-Berkeley County Parks & Recreation Board reserves the right to take pictures at all events and programs. Pictures may be displayed in future Parks & Recreation brochures and publications.
SIGNATURE: DATE:

Make checks payable to M-BC Parks & Recreation and mail drop off at 273 Woodbury Avenue, Martinsburg, WV 25404. Faxed registration will not be accepted. NOTE: M-BCP&R will ONLY give a full refund for camps they are unable to offer due to lack of enrollment