



PRESENTS THE

2017 RED HAWKS BASKETBALL CAMPS



CAMP DATES, TIMES, & COST LISTED BELOW

PLEASE COMPLETE REGISTRATION FORM WITH PAYMENT

RED OAK HAWKS BASKETBALL CAMPS				
CAMP NAME	DATE & TIME	LOCATION	COST	GENDER, GRADE, AGE
Early Bird Registration Fee (Before: June 2nd) - \$100.00				
RED OAK HAWKS BASKETBALL CAMP (SESSION 1)	JUNE 5 - 8 6:00 PM - 9:00 PM	RED OAK HIGH SCHOOL 220 S. STATE HWY 342; RED OAK, TX 75154	\$125.00 (\$100 before June 2 nd)	BOYS Incoming 1st - 6th Grade
YOUNG HAWKS BASKETBALL FUNDAMENTALS CAMP (SESSION 2)	JUNE 12 - 15 9:00 AM - 12:00 PM	RED OAK HIGH SCHOOL 220 S. STATE HWY 342; RED OAK, TX 75154	\$125.00 (\$100 before June 2 nd)	BOYS & GIRLS AGES 4 - 7
RED OAK HAWKS BASKETBALL CAMP (SESSION 3)	JUNE 12 - 15 2:00 PM - 5:00 PM	RED OAK HIGH SCHOOL 220 S. STATE HWY 342; RED OAK, TX 75154	\$125.00 (\$100 before June 2 nd)	BOYS Incoming 1st - 6th Grade
RED OAK HAWKS BASKETBALL CAMP (SESSION 4)	JUNE 12 - 15 6:00 PM - 9:00 PM	RED OAK HIGH SCHOOL 220 S. STATE HWY 342; RED OAK, TX 75154	\$125.00 (\$100 before June 2 nd)	BOYS Incoming 7th - 9TH Grade

PAYMENT INFORMATION:

Make checks payable to: Red Oak Athletics/Basketball
 **Mail payment/registration to Attn: Coach Jason Sasser
 RED OAK HIGH SCHOOL
 220 S. STATE HWY 342
 RED OAK, TX 75154

Early Bird Registration Fee – \$100 (Before: June 2nd)

Walkups are definitely welcome!

Late Registration Fee - \$135 (After: June 2nd for Session 1 ---- June 9th for Sessions 2 – 4)

Questions: Call (214) 415-4092 or Email: j.sasser@att.net

RED OAK HAWKS BASKETBALL CAMP

EXCLUSIVE RIGHTS WAIVER & MEDICAL RELEASE AND INJURY WAIVER

First Name	Last Name	Date of Birth	Sex: Circle One Male Female
Address	City/State	Zip Code	
Father's Name	Email Address	Phone Number	
Mother's Name	Email Address	Phone Number	
Grade	School	T-Shirt Size	Height & Weight

JSBA HAS 100% EXCLUSIVE RIGHTS TO ALL PHOTOS AND VIDEOS

I agree for my child to be photographed and/or videotaped and give my permission for such photographs or tapes to be used in news stories or for educational or promotional purposes in connection with Jason Sasser Basketball Academy & Perfection Performance.

RISK AND WAIVER OF LIABILITY

As the parent or legal guardian, I hereby consent to my child's participation in the Jason Sasser Basketball Academy (also known as JSBA) & Perfection Performance training sessions, camps, tryouts, practices and or games. I recognize that potentially severe injuries can occur in any activity that is associated with basketball. I understand that it is the express intent of JSBA & Perfection Performance to provide for the safety and protection of my child and, in consideration for allowing my child to participate in JSBA. I hereby forever release, Perfection Performance, Jason Sasser, Red Oak ISD, JSBA, its officers, directors, employees, coaches and owners from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of any of the above so mentioned. I hereby agree that I will not hold JSBL, Red Oak ISD, or the basketball staff responsible for any loss, damages, or personal injuries that my child may receive as a result of participation This waiver of liability expressly includes transportation to and from or in connection with JSBA. I also agree to follow all instructions and procedures in order to maintain a maximum level of safety. I also understand that JSBA and camps provide no medical insurance policy and that I should make sure my child is covered in event of a serious accident. As the parent or legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training, camps, tryouts, practicing or competing for JSBA and agree not to bring legal action against Jason Sasser, Perfection Performance, Red Oak ISD, JSBA, its officers, directors, employees, coaches and owners. In case of emergency, I authorize JSBA, and its staff to administer first aid to my child and/or take my child to a physician or hospital for further treatment. This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Signature of Parent or Guardian	Signature of Parent or Guardian
Print Name of Parent or Guardian	Print Name of Parent or Guardian
Date	Date