# 2026 Summer Boys Basketball Clinic

Who: 2026-2027 4th - 6th and 7th - 8th graders
When: June 22nd -25th
4th-6th 8:30-10:30 and 7th-8th 11:00-1:00pm
Where: Bret Harte High School Lower Gym
Cost: $100 ($75 if paid before May 1st)
Payment includes Clinic t-shirt and basketball

Please complete the Clinic Information below, the Bret Harte waiver release, and return with payment to the mailing address listed below to SECURE YOUR SPOT. You can register at the gym on June 22nd.

BHBB c/o Coach Barnett
PO Box 958
Murphys, CA 95247

PLAYER NAME: _____ AGE: _____ School: MT AMS CFLC OTHER Grade: ____

ADDRESS:_____

PARENTS NAME:_____

PHONE: (cell) _____(work)_____

E-MAIL:_____ T-shirt size (youth or adult)_____

IN CASE OF PARENTS ABSENCE - PICK UP PERSON NAME:_____

RELATIONSHIP: _____PHONE:_____

I hereby authorize the director of the basketball camp to act for me according to their best judgment in an emergency requiring medical attention and I hereby waive and release the clinic and instructors from any and all liability for any injuries and illnesses incurred while at the clinic.

_____ _____

Date Parent or Guardian Signature

# BRET HARTE UNION HIGH SCHOOL DISTRICT

WAIVER, RELEASE AND INDEMNITY AGREEMENT
ASSUMPTION OF RISK FOR PARTICIPATION
IN VOLUNTARY HIGH RISK ACTIVITY

Student's Name: _____

School Name: Bret Harte High School Boys' Basketball Program

Description of Field Trip or Activity: Boys' Basketball Clinic

Date(s): June 22nd to June 25th, 2026

By my signature below, I give permission for my child to participate in the above described activity. I acknowledge that the activity is **voluntary** and could lead to illness, and/or injury or death and I assume such risks. As provided in the California Education Code, Section 35330, I further agree to hold the Bret Harte Union High School District ("District"), its Board, officers, employees and agents harmless and waive any and all claims against the District arising out of or in connection with my participation in this field trip/activity.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis and/or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be my responsibility.

The Bret Harte Union School District has advised me that there are certain risks associated with the potential exposure to the novel Coronavirus, also known as Covid-19, and that the potential exposure to the coronavirus can be reduced, but in some circumstances is unavoidable. Working in a school setting, or being present on School District premises and/or at School District functions, may cause exposure to the Coronavirus, to me, my child or to School District employees who have contracted the Coronavirus, or to students who have contracted the Coronavirus, as well as to all visitors and other persons, who have contracted the Coronavirus. Steps will be taken by the District to reduce the risk of my exposure to the Coronavirus, but even with those steps there is still a risk that working on campus and interacting with employees, students and third parties, could expose me to the Coronavirus. I hereby acknowledge the risk of exposure to the Coronavirus, and I acknowledge the risk that I may contract the Coronavirus by coming on to the school district premises and interacting with employees, students and other people. I further acknowledge that allowing my child to participate in this event could also be exposed to the Coronavirus by and through these risks, and could enhance the risk of exposure to the Coronavirus to me and to other people.

Health or special needs: Check as appropriate.

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|---|---|
| ☐ | My child has no special health needs the staff should be aware of, and no medication is required on the trip. |
| ☐ | My child has a special need, and instructions are attached. Number of attached pages: _____. |
| ☐ | Other: |

In the event of illness or injury, I give permission for my child to be treated by a physician and/or dentist.

Please check one. ☐ Yes ☐ No

If "yes" was checked, in the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I acknowledge that it will be my responsibility to pay for such medical/dental services.

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WAIVER, RELEASE AND INDEMNITY AGREEMENT
ASSUMPTION OF RISK FOR PARTICIPATION
IN VOLUNTARY HIGH RISK ACTIVITY



**The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury or wrongful death to his/her child, as stated. As provided for in the California Education Code Section 35330, I agree to exempt and relieve the District, its Board, officers, agents, and employees, from any claims for liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above-described activity. I have read the foregoing and have voluntarily signed this agreement. I am aware of the higher than normal risks involved in this activity and I am fully aware of the legal consequences of signing this instrument.**

| | |
|---|---|
| Parent/Guardian Signature Date | Student's Signature |
| Parent/Guardian Name (Please Print) | Date |
| Street Address | City State Zip |
| Home Telephone Number | Cell/ Work Telephone Number |