



Osceola Parks and Recreation Youth Basketball Clinic

Boys & Girls going into 1st-6th grades.



Program Instructors:

Boys H.S. Basketball Coach Michael Fischels

Girls H.S. Basketball Coach Daniel Schmidt

Registration Form

I, the Parent/Guardian of the child listed below, hereby agree to indemnify and hold harmless the Osceola Parks & Recreation Department, Clarke Community Schools, the City, their agents, commissioners, officers, volunteers and employees of from any and all liability for personal injuries or damages that may hereafter be sustained while participating in, traveling to or from, or observing of this Youth Recreational Program.

Child's Name: _____

Grade: _____

Phone(Cell) _____

E-mail address: _____

Parent's Signature: _____

Registration Fee:

\$25 per participant. Proceeds from the program will be given back to the Clarke H.S. Basketball teams. Please return forms to the Osceola Parks and Rec. Dept. by Tuesday, July 16th, 2024.

Times of Instruction:

Clinic Dates: July 16, 17, 18th

1st – 3rd Grade: 8:00 – 9:00 H.S. Gym

4th- 6th Grade: 9:00 – 10:00 H.S. Gym

MEDICAL AUTHORIZATION

FOR: _____

I, THE PARENT/LEGAL GUARDIAN OF THIS PARTICIPANT IN THE LOCAL YOUTH BASKETBALL PROGRAM, HEREBY AUTHORIZE THE TEAM COACH/ASSISTANT COACH TO OBTAIN WHATEVER MEDICAL SERVICES DEEMED NECESSARY IN THE EVENT THE PARTICIPANT SUSTAINS AN ILLNESS OR INJURY IN MY ABSENCE. THIS AUTHORITY INCLUDES CONSENT TO ANY MEDICAL PERSONNEL OR FACILITY TO RENDER CARE AND TREATMENT AUTHORIZED BY THE COACH/ASSISTANT COACH. THE CITY OF OSCEOLA, PARKS AND RECREATION DEPARTMENT, ITS AGENTS, COMMISSIONERS, OFFICERS, VOLUNTEERS AND EMPLOYEES WILL NOT BE RESPONSIBLE FOR THE COST OF MEDICAL TREATMENT OR TRANSPORTATION.

Listed Below Are Any Allergies/Illnesses Or Special Needs Of The Participant:

Parent/Guardian(Signature): _____ Date: _____