



2020 San Fernando Pee Wee Basketball Clinic

Saturdays (May 9, 16, 30 June 6, 13)
Registration 10:00 a.m. Clinic 10:30 a.m. to 12:00 p.m.

SFV Japanese Community Center, 12953 Branford Street,
Pacoima, CA 91331

Clinic Director: Curtis Takimoto

1993-2007 SFVJACC Athletics - Terminators
2003 Fresh, 2004 JV, 2005-2007 Varsity Basketball – Chatsworth HS
2005-2011 - Counselor Pierce Brahma Basketball Camp (Ages 8-12)
2007-2012 UCI Intramural Basketball
2012-present NAU Basketball
2016 JV Basketball Coach Beckman HS, Irvine
C.O.R.E Basketball League Director - Corona Del Mar
2016 Yonsei Boys' Assistant Coach
2016 -2017 JV Basketball Assistant Coach South Pasadena HS
2018 -2020 Coach Cypress HS
2019 Yonsei 26 Boys' Coach

\$60 (includes Coaching by SF Coaching Staff, Jersey and Basketball!)
Register Today! (There's space for only 20 boys and girls! First come, first served!)

**For Boys and Girls, 4 through 7,
ready to learn the basics
and meet new friends!
4 Saturdays of fun!**

(8-year-olds who have never played before also welcome)

**TO REGISTER: Complete the form below and send with your
check to:**

**Margaret Takimoto
9915 Calvin Avenue
Northridge, CA 91324**

All forms and payment due by April 1, 2020

MAKE CHECK PAYABLE TO: SFVJACC Athletics
Questions? Call Margaret @ 818-621-8670 or email: JNCMOM@aol.com



Waiver and Release of Liability
2020 SFVJACC Athletics Pee Wee
Clinic

Name of Player:							
Boy:	Girl:	T-shirt Size:	YS	YM	YL	Birth date:	School Grade in Sept 2020:
Parents' or Guardians' Name(s):							
Address				City and Zip Code:			
Telephone:				E-mail:			

I am aware that basketball is a strenuous sport and that participation in basketball games, training, and conditioning can result in physical injuries, such as sprains, broken bones, head injuries, etc. I am fully familiar with my child's medical and physical condition. My child has no illness or other medical condition which prevents him or her from fully participating in a vigorous sport such as basketball or which would be aggravated or exacerbated by or otherwise result in a worsening of my child's medical or physical condition due to his or her participation in basketball games, training, or conditioning. I understand that San Fernando Valley Japanese Community Center Athletics (SFVJACC Athletics) and the coaches, assistant coaches, parents, and other team members acting in such capacities or in the capacity of activity supervisors will rely on the foregoing representations. For and in consideration of my child being permitted to participate in SFVJACC Athletics, Japanese Optimist Organization (JAO), Crescent Bay Optimist (CBO) and its affiliated organizations, and in their basketball games, training, and conditioning, I, the undersigned parent of guardian, hereby voluntarily waive, release, and discharge and relinquish for myself and my family, including my child, our heirs, successors and assignees, any and all liability, claims, suits, actions or causes of actions against the SFVJACC, SFVJACC Athletics their respective officers, agents, and employees, and the coaches, assistant coaches, parents, and other team members, for personal injury, death, or property damage occurring to my child arising from my child's participation therein and in any activity incidental thereto wherever or however the same may occur, and whether the same may arise from the negligent acts or omissions of any of said persons, or otherwise.

If it becomes necessary for my child to have medical, surgical, or dental care while participating in any of the aforementioned activities, I hereby authorize the coaches, assistant coaches, parents, or team members, acting in such capacities or as activity supervisors, as my agents to consent to medical, surgical, or dental examination and treatment. In case of such emergency, I hereby authorize treatment and care by any physician at any hospital. In case of an emergency for which I cannot be reached, please contact:

Hereby authorize the SFVJACC Athletics to use the name and likeness of my child in non-commercial promotional materials about the SFVJACC Athletics Program.

EMERGENCY CONTACT:	
RELATIONSHIP:	TELEPHONE:

I understand that any cost incurred for emergency medical, surgical, or dental treatment shall be my sole responsibility.

MEDICAL INSURANCE ID:
MEDICAL INSURANCE CARRIER

Does your child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition?

YES	NO	If yes, please describe the condition below:

I have read all of the foregoing and am fully aware of the legal consequences of signing this instrument.

Print name of Parent or Guardian:	Signature:	Date:
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