



2022 San Fernando Pee Wee Basketball Clinic

Due to Covid safety restrictions, clinic length and participants numbers
are reduced from previous years,

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

Sundays (July 10, 17, 24, 31)
registration 9:30am, clinic 10:00 – 11:15
SFV Japanese Community Center, 12953 Branford Street,
Pacoima, CA 91331

Clinic Director: Alana Yamauchi

Assistant at Pee Wee clinic for 3 years
Coaching SFV Tigers team for 4 years (currently 3rd grade)
Played for Granada Hills Charter High School for 3 years
Played club ball team at GHCHS for 3 years
Played with SFVJACC (Wildcats and Y2K) for 9 years
Played at Balboa Park and Recreation for 6 years
Refereed for SFVJACC Sure Shots Summer League for 2 year

\$60 (includes Coaching by SF Coaching Staff, Jersey, and Basketball!)
Register Today! (There's space for only 15 boys and girls! First come, first served!)

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 June 30, 2022

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



Waiver and Release of Liability 2022
SFVJACC Athletics Pee Wee Clinic

Name of Player:				
Boy:	Girl:	T-shirt Size: YS YM YL	Birth date:	School Grade in Sept 2021:
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 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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