

## Ageless Youth Basketball Skill Development

Improving offensive skills in young players is a must to raise their level of play. In our Monday Night Skill Development Sessions we will work exclusively on developing the core skills of Dribbling, Shooting, and Passing.

It is our intent to produce a noticeable difference in your child's overall game within the 1 month session, and to set them up for a successful future in the game!

Where: Ageless in Gillespie

When: Monday evenings from 6:30-7:30pm -- December 7th, 14th, 21st, and 28th

Who: 5th - 7th Grade Boys and Girls, Limited to 15 participants

Cost: \$25 per child

Instructor: Pete Visintin

Return Bottom Portion to Ageless or Ageless-Staunton by December 3rd

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### Registration forms are due by December 3rd

Name: \_\_\_\_\_

Grade level: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Liability Waiver

As the parent or legal guardian of \_\_\_\_\_ (print name of child), I hereby give permission for my child to participate in activities at Ageless, LLC. I understand that the program has activities that can involve physical contact with other participants, the ground or equipment, and that there is a resulting risk of physical injury to my child.

I have explained these risks and benefits of participating in this program to my child and my child is in proper physical condition and has no existing injuries or conditions that could jeopardize his/her safety or health, or the safety or health of the other participants.

I therefore release and discharge all liability for any harm or injury suffered directly or indirectly as a result of my child's participation in any activities at Ageless LLC, including but not limited to the LI' Muscles Exercise Program, whether or not resulting from negligence, and I agree not to sue Ageless, LLC, its representatives, staff, or volunteers on any such claim. I also give permission for the staff, representative, or volunteers of Ageless, LLC to administer first aid or to seek medical care for my child during my child's participation in the program, including transportation of my child to a medical facility for additional treatment that appears necessary.

Print name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_