

Ageless Youth Basketball Camp - January

“Pistol” Pete Visintin will be hosting an Ageless Youth Basketball Skills camp in January for boys and girls 5th -7th grades. The camp will focus on the FUNdamentals of basketball, including shooting, dribbling, and passing.

This class will be limited to 25 participants so that each child receives as much 1-on-1 attention as possible. Local high school athletes will be helping out.

Details:

- Where: Ageless in Gillespie
- Who: Boys and Girls 5th- 7th Grade
- When: Mondays, 6:30-7:30pm. Starts January 4th - January 25th (4 sessions)
- Cost: \$25 per child
- Misc: Register by January 1st. Due to space limitations, class size is limited to 25 kids.
- Instructor: Pete Visintin

Please return the form below to Ageless in Gillespie or mail it to: Ageless, 103 North Jersey Street, Gillespie, IL 62033.

Basketball Camp

Registration forms are due by January 1st

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: _____