



2017 PANTHER SUMMER BASKETBALL CAMP

Hoop it up this summer at The 2017 Panther Summer Basketball Camp. Our camp is designed to assist players of all skill levels who want to improve their skills while having fun. Coach Nick, The Prospect Sierra Boy's Varsity Basketball Coach, will be conducting camp for the 13th season. Camp is open to all boys & girls entering grades 3rd – 8th. Panther Basketball Camp will be held at Prospect Sierra School (Avis Campus) located at 960 Avis Dr. El Cerrito, Ca. 94530. Reserve your spot ASAP!

Days & Time: Monday – Friday 9:00am – 2:00pm

Session 1: June 19th – June 23rd

Session 2: June 26th - June 30th

Session 3: July 3rd – July 7th (yes, there will be camp on July 4th)

Cost per session: \$265.00

Equipment required: Appropriate basketball attire (sneakers & shorts)(bring a snack)

Enrollment: Open to all boys & girls entering grades 3rd – 8th

Participants: Need not be a Prospect Sierra student to enroll in camp

Refund policy: No refunds will be issued after May 31st

WE EMPHASIZE

Proper....shooting technique & footwork

Improved....ball handling & passing skills

Better....team play & communication skills

Increased....conditioning & agility

Developing....confidence & sportsmanship

Fundamental basketball!

For more information contact Coach Nick at coachnick@prospectsierra.org or (510)253-4725

REGISTRATION FORM

Camper name: Last _____ First _____

Grade entering in September 2017 ____

Shirt size: _____

Home address: _____ City _____ Zip _____

Parent's name: _____ Email: _____

Cell phone: _____ Work phone: _____

Parent's name: _____ Email: _____

Cell phone: _____ Work phone : _____

**Please complete and return registration form with payment to:
Prospect Sierra School
960 Avis Dr.
El Cerrito, CA 94547**

Session #1__ June 19th - 23rd \$265 \$__

Session #2__ June 26th - June 30th \$265 \$__

Session #3__ July 3rd - July tth \$265 \$__

Please make checks payable to Prospect Sierra School

PROSPECT SIERRA

Summer Camp 2017 PHOTO RELEASE

I (parent/guardian), _____, hereby give my permission for my son/daughter _____'s photograph to be taken during activities for Prospect Sierra School and to be used for the sole purpose of publicity for the program. These photographs may be used in the classrooms, program brochures, media promotions, advertisement, or news articles. It is understood that children's names and photographs will not be released to any other individual not affiliated with the Prospect Sierra School.

Signature of Parent/Guardian

Date

PROSPECT SIERRA

Summer Camp 2017

Parent/Guardian Agreement Waiver Form

I (parent/guardian), _____, hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which said minor may have, or which may hereafter accrue to the said minor, as a result of participation in said activity. This release is intended to discharge in advance Prospect Sierra School (and its employees) from any and all liability arising out of or connected in any way with the minor's participation in said activity, to the maximum extent allowed by law.

It is understood that this activity involves an element of risk and danger of accidents, and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on heirs and assigns. I agree to indemnify, defend and to hold the above persons or entities free and harmless from any loss, liability damage, cost, expense, which they may incur as a result of death or injury or property damage that said minor may sustain while participating in said activity.

I hereby give my consent to my son/daughter, _____ to participate in the above activity, and I hereby execute the above agreement, waiver and release on his/her behalf. I state that said minor is physically and emotionally able to participate in said activity. I have carefully read this agreement waiver and release, and fully understand its contents. I am aware that this is a release of liability and a contract between me and **Prospect Sierra School** and I sign it of my own free will.

Signature of Parent or Guardian

Date

Print Campers Name

PROSPECT SIERRA SCHOOL
2017 Summer Camp

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I, the undersigned parent/guardian of the Child, _____ ("Child"), on behalf of myself, my heirs, executors, administrators and assigns, and on behalf of the Child, hereby agree to the following terms and conditions set forth below:

In the event of the Child's injury or illness, I consent and authorize a representative of Prospect Sierra School to make such arrangements as he/she considers necessary for the Child to receive medical/hospital care and treatment, including arranging necessary transportation, sharing of medical information, and authorizing diagnostic examinations and medical care or treatment, including surgery and dental diagnosis or treatment. I specifically consent to whatever diagnostic examinations, including x-ray examinations and/or anesthetic, surgical or other medical or dental diagnosis or treatment and hospital care that is considered necessary in the best judgment of the attending healthcare provider. I fully understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required.

I understand that Prospect Sierra School will attempt to contact the undersigned in the event of the Child's injury or illness. I further understand that contacting the undersigned or attempting to contact the undersigned is not a prerequisite for a School representative to authorize and to make such arrangements as he/she considers necessary for the Child to receive medical/hospital care, including necessary transportation, when, in the School's judgment, the urgent nature of the situation necessitates such immediate action.

I further understand that reasonable minds might differ as to the particular response necessitated in a given situation. I agree that Prospect Sierra School should err on the side of seeking medical treatment most likely to protect the safety and well-being of the Child and thus, I agree to assume any and all financial responsibility for the medical services determined appropriate by the School or by the healthcare provider(s) authorized above to treat the Child.

The authorization shall remain effective for the **2017 Prospect Sierra School Summer Camp**.

Parent / Guardian # 1 Name: _____

Relationship to Child: _____

Signature: _____ Date: _____

Tel: _____

Parent / Guardian # 2 Name: _____

Relationship to Child: _____

Signature: _____ Date: _____

Tel: _____

**PROSPECT SIERRA SCHOOL
2017 Summer Camp**

MEDICATION AUTHORIZATION FORM

(To be completed by the physician and both parents)

Please complete and sign Options A, B and/or C, as they pertain to your child, and sign at the end of this form.

Child's Name

Birthdate

Camp Class Title

I request and authorize my child, the above-named Child ("Child"), to take the below-listed medication while at School or at School-sponsored events or activities, and agree that I and the Child will comply with the School's policies and procedures as stated herein.

OPTION A: Authorization for Prospect Sierra School to Administer Prescription Medication to Child

The Child will be responsible for remembering to go to the _____ [Health Office] for the medication. With respect to all medications administered at School (whether by the _____ [School Nurse] or pursuant to a signed written exception), the parent(s)/guardian(s) must provide the medication in the original container with the pharmacist's label, which includes the child's name, medication name, amount (dosage), and time schedules. The School will not accept medication brought to the School in baggies, envelopes, or hand-labeled containers.

THE FOLLOWING PORTION IS TO BE COMPLETED BY THE PRESCRIBING PHYSICIAN:

Name of medication	Dose	Administration Method	Directions/Time schedule	Special Instructions

(Please attach more pages if needed)

I affirm that the Child for whom this medication is prescribed is under my care.

PRINT Name of Physician

SIGNATURE of Physician

Physician's Street Address

Telephone

City/State/Zip+4 Code

Date

I, the parent/guardian of the above-named Child, authorize Prospect Sierra School to administer the medication(s) listed in Option A, which I have provided to the School in the original container with the pharmacist's label. I agree that it is my responsibility to ensure that the School is provided with unexpired, properly labeled doses/supplies and that the Child has been trained on

the dosing schedule and to remember to go to the _____ [health office] to be administered the medication on time. I acknowledge and agree that I will immediately notify the School in writing of any changes in the Child's medication needs. I authorize the school to consult with the Child's physician/medical provider regarding any questions related to the Child's medication/supplies. I acknowledge that the Child must not share the medication(s)/supplies with others and that both I, and the Child, must adhere to all School procedures and rules concerning the handling and administration of such medication(s)/supplies.

Parent/Guardian # 1 Signature

Telephone

Date

Parent/Guardian # 1 Printed Name

Parent/Guardian # 2 Signature

Telephone

Date

Parent/Guardian # 2 Printed Name

OPTION B: Authorization for Child to Carry and Self-Administer Prescription Medication at School or During School-Sponsored Activities.

In general, Children are not permitted to carry or self-administer medications at school and medications may only be dispensed by the _____ [School Nurse]. Exceptions exist if a medical need exists for the child to carry or self-administer medication in connection with a serious health condition or illness that cannot be reasonably accommodated by keeping the medication in the _____ [e.g., Health Center]. Requests to carry and/or self-administer medication will be reviewed on a case-by-case basis and must be approved in writing by the Head of School.

THE FOLLOWING PORTION IS TO BE COMPLETED BY THE PRESCRIBING PHYSICIAN:

I affirm that I am the above-named Child's physician or medical provider and that I have prescribed the use of [check one]:

- inhaled asthma medication(s)*
- auto-injectable epinephrine (i.e. EpiPen®)*
- insulin supplies*

at the dosage, time and duration listed above, if applicable. I further affirm that I have provided the Child with proper instruction in the use and self-administration of the medication/supplies.

PRINT Name of Physician

SIGNATURE of Physician

Physician's Street Address

Telephone

City/State/Zip+4 Code

Date

I, the parent/guardian of the above-named Child, authorize the Child to carry and self-administer the medication(s)/supplies listed in Option B which I have marked to be carried and self-administered by the Child. I agree that it is my responsibility to ensure that the Child is provided with unexpired, properly labeled doses/supplies and that the Child has been trained to administer/use the medication(s)/supplies without supervision by School personnel. In the event that the Child is unable to administer the medication(s)/supplies without supervision by school personnel, I agree that the Child will be assisted by school personnel. I acknowledge and agree that I will immediately notify the School in writing of any changes in the Child's medication needs. I authorize the School to consult with the Child's physician/medical provider regarding any questions related to the Child's medication/supplies. I acknowledge that the Child must not share the medication(s)/supplies with others and that both I, and the Child, must adhere to all School procedures and rules concerning the handling and administration of such medication(s)/supplies.

Parent/Guardian # 1 Signature

Telephone

Date

Parent/Guardian # 1 Printed Name

Parent/Guardian # 2 Signature

Telephone

Date

Parent/Guardian # 2 Printed Name

OPTION C: Authorization for School to Administer Over-the-Counter Medications to Child

Prospect Sierra School makes available certain over-the-counter ("OTC") medications, listed below, for the relief of minor discomfort. Parents must select which OTC medications they authorize the School to administer to the Child. Please note that, if a child's parents do not authorize the administration of School-provided OTC medication to that child, the School **will not** administer the OTC medication(s) to the child under any circumstances. Please check either the "Yes" or "No" box.

Authorization to Administer Over-the-Counter Medications Provided by Prospect Sierra School

Over-the-Counter Medication	Yes	No
Acetaminophen (Tylenol or generic brand): For discomforts such as those associated with cramps, strains or sprains, fever, headache or braces adjustment. <i>Prospect Sierra School has my/our permission to give the Child acetaminophen in the proper dosages.</i>		
Ibuprofen (Advil, Motrin or generic brand): For discomforts such as those associated with cramps, strains or sprains, fever, headache or braces adjustment.		

Prospect Sierra School has my/our permission to give the Child ibuprofen in the proper dosages.

Parents may also provide Prospect Sierra School with OTC medications to be administered to their child while at School or at School-sponsored activities. With respect to OTC medications administered at School, but not made available by the School, the parents must provide the OTC medication in the original container and labeled with the child's name, medication name, amount (dosage), and time schedules.

Instructions Regarding Over-the-Counter Medication Not Provided by Prospect Sierra School

Name of medication	Dose	Administration Method	Directions/Time schedule	Special Instructions

(Please attached more pages if needed)

Parent/Guardian # 1 Signature

Telephone

Date

Parent/Guardian # 1 Printed Name

Parent/Guardian # 2 Signature

Telephone

Date

Parent/Guardian # 2 Printed Name

RELEASE OF LIABILITY, COVENANT NOT TO SUE AND ASSUMPTION OF RISK

RELEASE OF LIABILITY AND COVENANT NOT TO SUE: To the fullest extent permitted by law, I voluntarily release and covenant not to sue Prospect Sierra School, its trustees, officers, directors, employees, agents, representatives, coaches, volunteers, independent contractors (the "Released Parties") from any and all claims and liabilities that arise out of, or relate to, the administration of medications (prescription or non-prescription) and/or medical supplies to the Child consistent with the terms of this Form, or the Child's self-administration of medication(s) and/or medical supplies while at School or at a School-sponsored activity. I understand however, that through this Agreement, I am not releasing the Released Parties from any injury the Child suffers as a direct result of the Released Parties' intentional misconduct or gross negligence.

ASSUMPTION OF RISK: I understand and acknowledge that certain risks are inherent in taking both prescription and non-prescription medication(s) and assume responsibility for any such risks associated with the Child taking any medication(s) and/or using medical supplies. I acknowledge that the risks to the Child include, but are not limited to, mild or severe adverse physical reaction to the prescription and/or non-prescription medication provided (including emotional/psychological harm), permanent and

temporary disability, and death. I assume all risks arising out of, or relating to the School (its agents or employees) providing to the Child or the Child self-administering prescription and/or non-prescription medication and/or medical supplies consistent with the terms of this form/physician's instructions, whether described above, known or unknown and inherent or otherwise. I agree that the Child will also assume these risks and any other risks arising out of, or relating to, the School (its agents or employees) providing to the Child or the Child self-administering prescription and/or non-prescription medication(s) and/or medical supplies consistent with the terms of this form, whether described above, known or unknown and inherent or otherwise.

USE OF HEALTH RECORD: The above confidential information is complete, true and correct. I hereby give(s) permission for this information to become part of the Child's educational record and gives permission to the School to share the Child's medical information with School personnel who have legitimate educational and/or safety interests in this information.

I HAVE CAREFULLY REVIEWED THIS FORM AND FULLY UNDERSTAND ITS CONTENTS (INCLUDING THAT THIS FORM CONTAINS CERTAIN RELEASES OF LIABILITY), AND AGREE THERETO.

Parent/Guardian # 1 Signature

Telephone

Date

Parent/Guardian # 1 Printed Name

Parent/Guardian # 2 Signature

Telephone

Date

Parent/Guardian # 2 Printed Name