SALESIAN

RED & BLACK GIRLS' BASKETBALL SKILLS DEVELOPMENT CLINIC

GRADES 4TH-8TH
DATE: SATURDAY, NOVEMBER 7, 2026
CHECK IN/REGISTRATION: 8:45 AM
CLINIC: 9:00 AM TO 11:00 AM
LOCATION: SALESIAN COLLEGE PREPARATORY
EVENT CENTER (GYM)
2851 SALESIAN AVENUE
RICHMOND, CA 94804

This Basketball Clinic is specifically tailored for 4th—8th grade girls interested in improving their fundamental basketball skills.

The clinic is led by Salesian College Preparatory Coach Steve Pezzola (California Girls' Basketball Coach of the Year 2022) and members of his coaching staff. The staff is expected to include Isabell Ampon, Cassie Re, Lonnie Fields, Curtis Belton, and Kevin Conn as well as other guest coaches and members of *The Pride's* Varsity Girls' Basketball team.

Space for the clinic will likely be limited to 40 participants.

Register Online by November 5, 2026: $20.00
At the Door on November 7, 2026: $30.00

Register online at:
www.salesian.com/athletics/youth-clinics

Or **by October 30, 2026,** send a check (payable to "Salesian College Preparatory"), and a completed copy of this two-page form to:

Red & Black Girls' Basketball Clinic
Salesian College Preparatory
2851 Salesian Avenue
Richmond, CA 94804

Player Name: _____ Date of Birth: _____

Player Grade (2026-2027): ☐4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th Current School: _____

Parent/Guardian Name: _____ Relationship to Player: _____

Address: _____ City, State Zip: _____

Email Address: _____ Phone Number: _____

Date: _____

For more information, please contact Coach Stephen Pezzola at spezzola@spezzola.com

(COMPLETE SPORTS PARTICIPATION MEDICAL RELEASE AND PHOTO FORM ON REVERSE SIDE)

Sports Participation Medical Release and Photo Form- Salesian Red & Black Girls' Basketball Skills Development Clinic

I hereby give my consent for my child or ward (*print name*) _____ to participate in camps or clinics for the Salesian Red & Black at Salesian College Preparatory. In rare instances, a medical or surgical emergency requiring treatment arises in which written consent by parents or a guardian is legally required, but the proper person cannot be located. In this event, and in order to avoid delay that might jeopardize the life or health of my child/ward, I hereby provide the following permission, with the understanding that reasonable effort will be made to contact me in an emergency. I hereby grant permission to medical personnel rendering care to my child/ward to accept from the staff of Salesian College Preparatory, which includes its coaches and any other guest coaches, that the camp utilizes permission and consent for emergency medical and dental evaluation and treatment, including but not limited to diagnostic, drug, and/or alcohol testing and/or surgical procedures on my child/ward. I further give Salesian College Preparatory staff and the guest coaches permission to release pertinent health information concerning my child/ward to the treating hospital and/or physician, and to give the treating hospital and/or physician permission to release copies of all medical records, laboratory, and radiology reports to Salesian College Preparatory staff.

I agree that I will be responsible for any medical/pharmaceutical costs incurred that are not covered by medical insurance. I also agree that Salesian College Preparatory, including its staff, agents, employees, and the camp's guest coaches, will not be liable for unknown or unforeseen conditions arising from medical/nursing treatment or medications received by my child/ward. I voluntarily agree, covenant, and promise to accept and assume all responsibilities and risk for injury, death, illness, disease, or damage to myself, my child/ward identified above, or to my property arising from my child/ward's participation in the sport identified above, and the use of the premises, facilities, equipment and services offered by Salesian College Preparatory in connection with such sport. I, for myself and for my child/ward, voluntarily release and forever discharge and covenant not to sue Salesian College Preparatory and its staff, including its coaches, agents or employees, and all other persons or entities affiliated with the camp, from any and all liability, claims, demands, actions or rights or action, which are related to, arise out of or are in any way connected with my child/ward's participation in the camps specified above, any and all activities related to such sports, and the use of the premises, facilities, equipment, and services offered by Salesian College Preparatory in connection with such sports, including, but specifically not limited to any and all negligence or fault of Salesian College Preparatory and its staff, including its coaches agents or employees or guest coaches. I further agree, promise and covenant, on behalf of myself and my child/ward specific above, to hold harmless and to indemnify Salesian College Preparatory and its staff, including its coaches, agents or employees, and all other persons or entities related to Salesian College Preparatory, and the guest coaches from all defense costs, including attorney's fees, or from any other costs incurred in connection with claims for bodily injury, wrongful death, or property damage brought to me, my child/ward, or on our behalf.

My child/ward suffers from no physical conditions that might result in emergency care, e.g., diabetes, asthma, hypertension, epilepsy, etc., except for any conditions or allergies listed here: _____

I further acknowledge that I am in the best position to determine the physical ability of my child/ward to participate in the sports outlined above, and acknowledge that my child/ward is in good physical and mental health, and is not suffering from any condition, disease, or disablement which would or could potentially adversely affect participation in the sport.

I understand that any photograph, sound recording, motion picture, or video taken of me or the minor child attending the clinic is for the purpose of promoting the public good and the interests of Salesian College Preparatory. I hereby assign all rights, title, and interest, including copyright in and to any or all photographs, sound recordings, motion pictures, or videos, to Salesian College Preparatory and authorize its agents and employees without limitation to reproduce, copy, sell, exhibit, publish, or distribute such in any medium now known or later developed, in perpetuity. I further release and forever discharge Salesian College Preparatory, its offices, agents, and employees from any and all claims and demands arising out of or in connection with the use of said photographs, etc., including but not limited to any and all claims for invasion of privacy, defamation, or infringement of copyright.

I have read and understood the provisions of this agreement and understand that I am free to obtain legal advice at my expense to interpret these provisions.

I HAVE READ THIS FORM, FULLY UNDERSTAND ITS TERMS, FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE, AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS FORM IS FIELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Signed: _____ Print Name: _____ Cell #: _____ Date:_____

<u>Medical Insurance Information for Child or Ward:</u>

Insurance Carrier: _____ Group ID # or Subscriber #: _____

Doctor's Name and Number: _____